

Boo-Ali Hospital



International Patient Services Certification Standards

For Medical Tourism Association®



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Overview

Medical Tourism has become a well-reasoned option of care for 10s of thousands of people around the world annually. The international patient now travels to areas away from his/her home for a variety of reasons. The most common reason is related to perceived value of the treatment or care outside their home region or country. The international patient often finds after careful research and through telephone conferences with potential providers, that there are of multiple providers who provide high quality treatment outside their home region or country at lower fees. The international patient seeks a variety of care or treatment, including: all types of surgery, dentistry, diagnostic radiology, and psychiatry as well as many wellness therapies.

The continued increase in international patients seeking care outside their home region or country, has necessitated hospitals, dental practices, radiology practices, ambulatory surgery centers and other healthcare and wellness venues, to acquire new organizational and staff skills to support a positive international patient experience in their facility. These required skills include: communication in languages that are not necessarily familiar to the treating organization, international cultural competencies, new uses of webpages and social media to attract new international patients and the implementation of sophisticated call centers with the associated hardware and software support.

A growing number of hospitals have opted to seek an internationally recognized accreditation to validate the quality of their international patient services. While most accrediting bodies are doing an excellent job of promoting better quality outcomes and improving patient safety, there have been few initiatives, which focus on improving the overall international patient experience.

These IPSC standards focus on that improvement of the overall international patient experience.





The Development and Purpose of International Patient Services Standards

Over the last several years the Medical Tourism Association has worked closely with the international healthcare community and purchasers of healthcare to develop certification standards for international patient care. The international healthcare market has unique needs and expectations that must be addressed in order to provide a high quality international patient experience. There are clinical and non-clinical services that must be managed through different stages of the care process including, but not limited to: inquiry and appointment processes, arrival at the destination, pre and post-operative or treatment stages, billing, medical record transfer processes and aftercare planning and execution.

The purpose of the International Patient Services Certification (IPSC) Standards is to promote specific improvements in the protocols and services that impact the international patient experience, particularly, but not exclusively, from a non-clinical perspective. It provides a framework for good-practice, which covers the various situations that healthcare providers may face in managing international patient care. These standards emphasize patient-centered competencies such as better patient-provider communication and cultural awareness.

The Medical Tourism Association recognizes that a certification of excellence in international patient services provides a tremendous benefit to the community at-large, as well as regional, domestic and international patients. Adherence to IPSC Standards ensures that medical providers are sensitive to the needs and expectations of traveling patients from diverse geographical, cultural and religious backgrounds.

The standards cover seventeen (17) competencies that are described in the remainder of this manual.

What is new with Version 3.0?

IPS Version 3.0 replaces the previous and most recent edition, Version 2.0 of the IPS Standards Manual

IPSC 3.0 has taken consumer feedback and IPSC surveyor feedback to make this 3.0 edition more inclusive of various healthcare delivery settings. Specific changes from IPS Version 2.0 to IPS Version 3.0 include:

- Implemented use of “Parent” Standards to aid organizations in their understanding of the intent of a standard applicable to their organization
- Reorganized sub-standards under logical parent standards
- Re-organized core competencies (standard chapters) alphabetically for improved user experience
- Improved location and demographic language for user experience and versatility in how clients define International Patients Services around the world in different markets
- Eliminated previous standard, RM4.2, due to inability to adequately enforce and score for compliance in different markets
- Organized standards to show clearer applicability to client profiles and for surveyor analysis
- Incorporated a new Ethics standard, ET1.3, to address performing adequate background checks on any foreign or visiting clinical providers prior to hire or collaboration
- Incorporated a new International Patient Management standard, IP1.8, to address the development, implementation and monitoring of at least one clinical pathway for services offered to International Patients
- Changed the name of the prior core competency Medical Assessment & Treatment (MA) to Clinical Assessment & Treatment (CA)
- Incorporated a new section on Medication Management in the Clinical Assessment & Treatment core competency to include one new standard, CA3.1
- A new section focused on Healthcare Leadership was added to include standards focused in, 1) Competency & Performance and 2) Business Acumen
- A new section focused on Technology was added to include standards focused in, 1) Use of Technology & Appropriateness of Use for Operations, 2) Security, and 3) Patient Management
- Included the use of the term Patient Navigator along with Patient Advocate
- Incorporated a new Marketing Standard, MK5.4, to address the need to regularly incorporate International Patient Services performance data in marketing activities
- Incorporated a new Risk Management Standard, RM3.6, to ensure organizations maintain an adverse incident reporting system specific to the vulnerabilities of International Patient Services
- Incorporated a new section on Patient Safety in the Quality Improvement core competency to include two new standards, QI6.1 and QI6.2
- Incorporated Critical Success Factors as a requirement for certification. An organization will be required to achieve at least partial compliance on at least 8 of 10 Critical Success factors if not all 10 at the point and time of a certification site visit
- In the interest of comprehension and client engagement, developed and incorporated a definition index for terms used throughout the manual





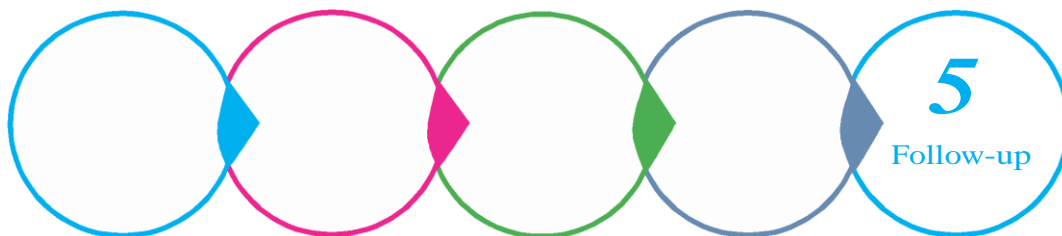
The Value of IPS Certification

Certification by the Medical Tourism Association may benefit healthcare organizations, wellness organizations and tourism organizations by accomplishing the following:

- Achieve Competitive Edge in their Market
- Achieve Increased Visibility & Respect from Industry Stakeholders
- Validate Commitment to Excellence to Consumers
- Enhance Staff Competencies & Overall Service Capabilities
- Bring increased healthcare, wellness and tourism business to the local community

The Healthcare Patient Cycle

The healthcare patient cycle represents the continuum of service and care for a traditional healthcare consumer. Most healthcare facilities recognize these stages in their daily operations and in particular in medical tourism. Most international patients represent a patient with additional needs (i.e. logistics, language) above a facility's normal patient mix. It is not expected for a hospitality organization to understand the complexities of healthcare operations, however it is important for hospitality organizations to have a basic understanding of the operational flow of the patient experience in order to compliment the international patient's healthcare experience. The Five main stages are included in the healthcare patient cycle as detailed in the diagram below.



Pre-Admission or Inquiry Stage

The pre-arrival begins with a patient identifying a healthcare service provider electively or by way of their insurance network. Within a healthcare setting, the pre-admission or inquiry stage should encompass a tremendous emphasis on improving international patient management to:

- Enhance or improve the patient experience
- Create seamless hospital/clinic/practice to home transitions
- Prevent risks and costs associated with unnecessary re-admissions or outpatient re-treatments

All points above also focus on the financial perspective – it is very difficult to control healthcare expenditures without effective resource planning. Similar to the hospitality setting, a healthcare organization can initiate a “checklist” that covers all the necessary components of a patient being prepared to arrive for the desired treatment. An interview can also take place over the phone or in person depending on the procedure to be performed. A comprehensive approach will create a positive first impression for the patient in the pre-admission or inquiry stage.

The pre-admission or inquiry stage should include the following goals to ensure patient satisfaction is improved and patient safety is prioritized:

- **Educate** patients comprehensively regarding your services and your commitment to quality care
- **Create a checklist** of patient “needs” throughout the entire patient care cycle
- **Escalate** a patient to the necessary professionals or services to be fully prepared for the scheduled procedure or treatment
- **Identify** possible clinical alerts or triggers to ensure accountability and patient safety is prioritized
- **Scheduling** for follow-up should be projected and reserved pending any unforeseen circumstances during a patient’s care experience
- **Ensure** all necessary topics covering the care cycle are planned in advance
- **Document & Discuss** all information relevant to a patient’s care cycle. Remember – if it is not documented, it did not occur

Admission

The admission or intake process begins as a patient arrives for the actual scheduled or elective procedure or treatment. At times, the pre-admission and admission or intake process can happen very quickly, if not simultaneously, within a healthcare organization. If sequential, the information gathered in the pre-admission stage needs to be reconfirmed and reconciled to ensure the right patient is present and the correct procedure will be performed.

Three admission or intake categories typically exist within a hospital or dental or ambulatory setting. These admission categories may be absent in a facility with fewer services. The categories include:

- Planned admission
- Direct admission
- Emergency admission

Once admitted into a facility, a patient may move to the treatment stage immediately if there is a medical emergency or wait up to 24-48 hours prior to the scheduled procedure.



In dental practices, radiology practices or other ambulatory non-24 hour facilities, a patient is not usually “admitted” but rather arrives for an appointment or intake process

Three appointment categories typically exist within an office practice or ambulatory setting
The categories include:

- Scheduled appointment
- Emergency appointment
- New patient intake

Regardless of the treatment setting, it is important that when assisting the international patient with setting up an appointment or telephone or Live Chat consultation that the communication is understood by both parties and is well documented

Treatment

The treatment stage commences once a patient is admitted to a hospital or ambulatory surgical center, and is receiving direct patient care by a clinical healthcare professional. This can include any clinical action, such as medication or surgical prep, prior an actual procedure. Depending on the actual procedure, various numbers of care team professionals may be involved with treatment prior, during and after a particular procedure

It is imperative that any collected information, such as identified alerts, allergies, advance directives is integrated into the patient record, and the status of a patient is monitored for to ensure a patient has a positive experience. Many facilities may have a set of procedures or a standardized process for procedures, such as clinical guidelines or clinical pathways. These clinical guidelines or clinical pathways are evidenced-base practices that can increase the likelihood of a patient experiencing better outcomes. The cohesiveness of a clinical care team is critical to the entire patient care cycle

In dental practices, radiology practices or other ambulatory non-24 hour settings; treatments can be routine low risk procedures such as routine dental hygiene or an imaging modality such as Magnet Resonance Imaging (MRI). Treatment can also be more complex such as IV infusion therapy or outpatient ophthalmic surgery. Regardless of the treatment or procedure or surgery, it is important that information on the international patient’s status such as allergies and physical status is obtained by the organization prior to treatment to ensure safe and successful treatment outcomes. Regardless of the treatment setting, it important that when obtaining intake or treatment information from the international patient that the communication is clear and understood by both parties and is well documented

Discharge or Completed Appointment or Completed Treatment

The discharge stage of the patient care cycle begins when a physician in an inpatient setting or surgical center, indicates a patient in ready for discharge. Along with the physician or other healthcare provider, it is typical for a nurse or other support clinician to prepare and educate the patient in advance of departing the hospital or surgical center, on various topics to ensure that the international patient achieves an optimal state of health. Topics discussed can include but not limited to: medication education, post-operative care, dietary recommendations, travel restrictions and contact channels for ongoing communication with the healthcare organization and the medical provider. The discharge information covered by clinicians is crucial for patients and caregivers to understand and to prevent any unnecessary complications or re- admissions



The discharge stage of the patient stay cycle includes financial discharge from the organization as well. Once a patient has been discharged from the facility, the admissions office and/or other necessary departments financially discharge the patient from the facility.

In dental practices, radiology practices or other ambulatory non-24 hour facilities, an international patient may not be “discharged” but rather described as “treatment completed.” However in an outpatient ophthalmic surgery center, when the patient is cleared from the recovery bed and given discharge instructions, the patient may in fact be “discharged.” Regardless of the term used, at the end of a treatment or procedure, the international patient is given education on the procedure or treatment provided and instructed as to any follow up or post-procedure/surgery care that may be required.

Regardless of the treatment setting, it is important that at the end of a treatment, or procedure or surgery that the international patient it is provided with adequate information in a language and a learning style that he/she understands as to any necessary self-care or follow up. Most healthcare organizations will provide electronic reports for the patient’s home region or country’s primary care physician. However, most patients expect to be given hard copies of their discharge plan and other associated labs and tests, to present to their primary care physicians upon return home.

Follow-up

The follow-up stage of the patient care cycle includes communicating with the patient to obtain post-discharge feedback from a patient regarding the level of satisfaction with their healthcare experience. Satisfaction information includes patient satisfaction with both clinical and non-clinical experiences. Ongoing communication can include but not limited to, marketing emails, newsletters, website interaction, and phone calls.

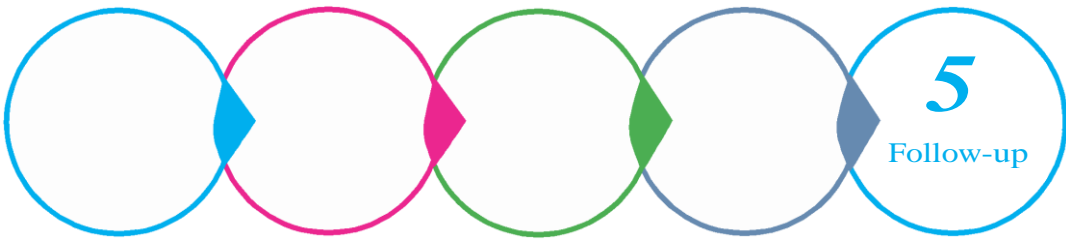
Ongoing contact with the international patient is more than just a marketing strategy. The ongoing success of many procedures or treatments that international patients receive outside their home region, requires continued treatment, follow up or behavior modifications to be successful. When the hospital, dental practice or other treating organization frames their ongoing contact as “Wellness” focused, it is often more appreciated by the international patient and helps to maintain a positive relationship between the international patient and the organization that helped them.





The Hospitality Guest Stay Cycle

The hospitality guest stay cycle represents the continuum of service for a traditional hospitality client. Hospitality facilities may or may not recognize this particular cycle in their operations but in the context of Medical Tourism, it is recognized, as a standard that should coincide with the healthcare service continuum a patient will experience within Medical Tourism service channels. Five main stages are included in the hospitality service continuum as detailed in the diagram below.



Pre-Arrival

The pre-arrival stage begins with a guest identifying a single or multiple hospitality establishments based on specific criteria and/or perceived expectations through the start of the registration process of the guest stay cycle. Once a guest compares the benefits of each and/or confirms the establishment will meet expectations, a guest will contact the selected establishment via a communication channel or on-line portal (i.e. on-line booking engine, on-line travel agent). Guest selection can be affected by several factors, including past experiences with a brand, advertisement, referrals from colleagues, recommendation by their healthcare provider, location, recreational amenities, food and beverage options, ease of on-line booking portals, reward programs or certificates. If the hospitality establishment has established a relationship with a hospital or other healthcare organization, that health care organization may contact the hospitality organization directly on behalf of the guest to make a reservation. At this contact with the healthcare organization, it is recommended that the hospitality establishment inquire if the guest will need any special accommodations such as a handicap access room.



Management of an individual reservation is critical to satisfying and surpassing guest expectations. Many hospitality establishments will create a guest profile record and initiate a service quality checklist to ensure there is adequate information gathered to ensure a personalized experience. Management of each completed reservation is critical to meeting and exceeding the guest expectations. The initial reservation inquiry and booking represents the first point of contact with a guest for the hospitality establishment and commences the guest stay cycle. The information collected during the reservation process assists the hospitality team in pre-registration activities such as, room assignments, room rates and securing room availability for the guest upon arrival.

Arrival

The arrival stage of the guest stay cycle includes registration and the room assignment process through arrival to the selected accommodation. After a guest arrives, he or she establishes a financial relationship with the hotel through the front office (i.e. front of house). Some hospitality establishments will have alternative methods of establishing a financial relationship with the guest, which could include prior to arrival or after occupancy has been commenced. These differences are often the exception of boutique properties. Regardless, at the point of arrival, a guest should be allowed to make inquiries and staff should ensure any details of the anticipated stay are clear and transparent from a financial standpoint and comfort standpoint.

A guest's reservation status should be determined before the check-in/registration process begins, specifically if he or she is with or without a reservation. Guest's without a reservation are typically identified as "walk-ins".

Whether it is a manual registration or automated with software, various demographics of the guest(s) will be collected at the point of check-in including but not limited to, billing instructions, reservation details, number of adults and children occupying, address, passport and visa for foreign nationals, full address, personal details and credit card details. Both guest and establishment reduce liability when the guest signature is on the registration card.

Traditionally, the registration process is complete once a method of payment and the guest's departure date have been confirmed and duly signed by the guest. The guest may be given a room key and direction to the room or escorted by a staff member to be oriented with their room and formally begin the occupancy stage of the guest stay cycle.

Occupancy

The occupancy stage of the guest stay cycle includes the arrival of a guest into his or her accommodation through the start of the checkout process. A guest is traditionally informed of amenities, safety measures and offered an opportunity to make inquiries or request for additional comfort. If the guest is referred by a healthcare organization, it is important for the hospitality establishment to know if the guest requires any special accommodations such as handicap accessible room or a room on the ground floor. The manner in which the front office and peripheral staff represents the establishment is important during the occupancy stage. As the main contact center for service activity, the front office is responsible for often coordinating guest requests throughout the occupancy stage (i.e. amenity reservations, supplies, maintenance, logistics). Staff should make every effort to respond to a guest request in a timely and accurate manner – ultimately, this will position an establishment to provide anticipatory service and meet or exceed guest expectations. The primary aim is to encourage or build an experience that converts a current guest into a repeat guest.



An important cornerstone to the Occupancy stage includes security. Whether protection of financial information, funds or valuables, the front desk should always prioritize these topics or concerns when managing guest's experience. The front desk traditionally will maintain standard operating procedures regarding topics such as, the handling the hotel and guest keys, property surveillance, safe deposit boxes, guest's personal property, and emergencies.

Most charges to a guest's account will be posted according to front office posting procedures. In most cases the room charges is the single largest charge on the guest folio. Other front office financial tasks include verifying charges posted to the guest account and reconciling guest accounts against the established credit limit. It is possible that a guest may ask for an alternative currency record; however, this would be the exception.

The occupancy stage transition into the departure stage as the guest initiates checkout from their accommodation.

Departure

The departure stage of the guest stay cycle includes the commencement of the checkout process. At departure, a guest or guests vacates the room, receives the accurate statement of the settled accounts, returns the room keys and leaves the hotel. Once the guest has checked out, the front office reconciles room availability status while also notifying the housekeeping department. Logistics are normally finalized and present during the departure stage for a guest unless they provide their own transportation. At this stage normally, the front office also collects feedback of the guest experience by handing over a guest feedback form or directs a guest to an on-line portal for similar information.

Within the context of a medical tourist, it should be noted that a guest may physically depart from a hospitality establishment before, during and after their procedure(s). The same principles of financial transparency, logistical ease and continued communication are paramount to ensure the entire stay in exceptional.

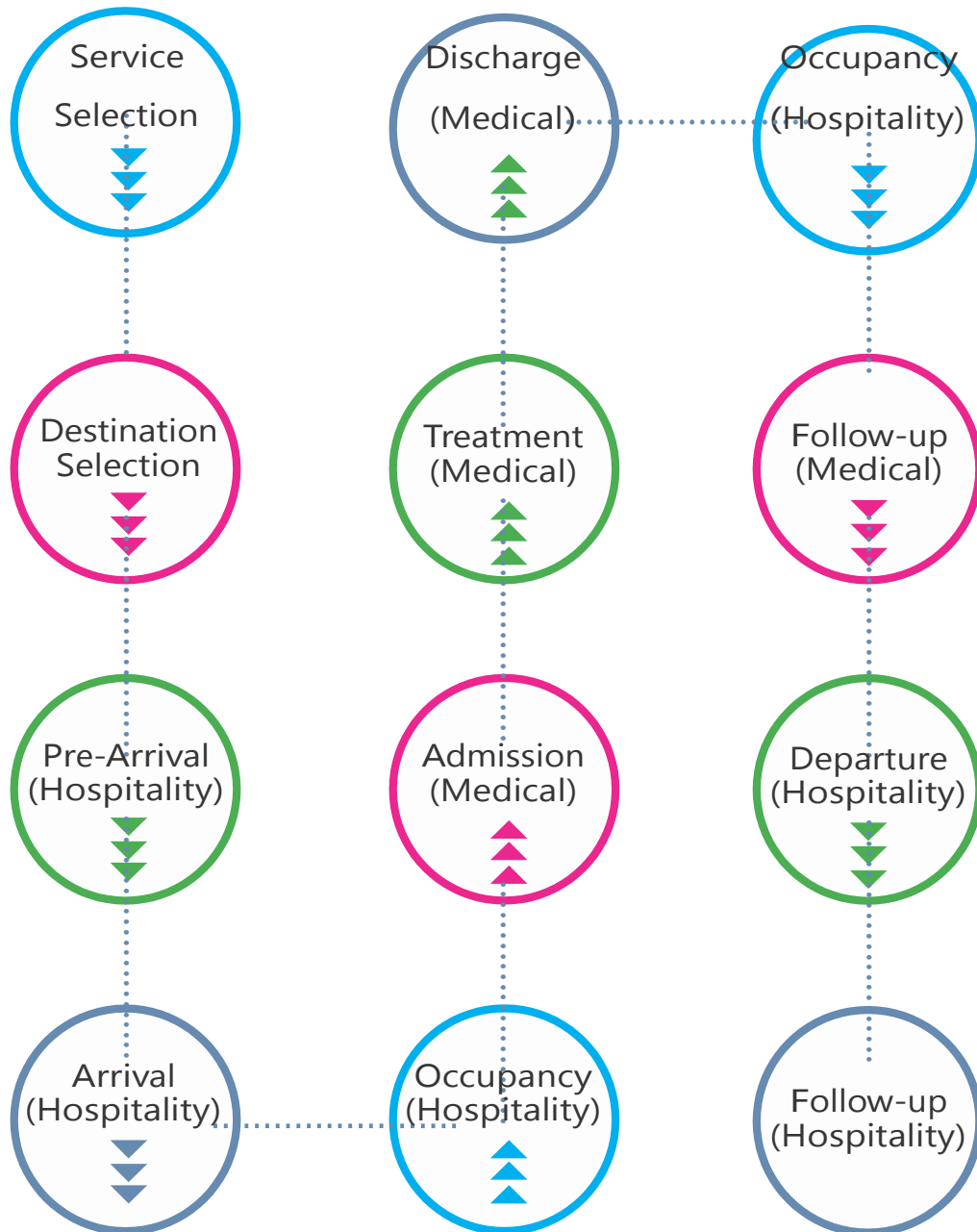
Follow-up

The follow-up stage of the guest stay cycle simply includes an attempt to obtain feedback from a guest regarding the level of satisfaction during his or her stay. Follow-up can also include ongoing communication based on the demographics obtained during the stay. Ongoing communication can include but not limited to, marketing emails, newsletters, website interaction, and phone calls.



The Medical Tourist Hospitality Cycle

The medical tourist hospitality cycle represents the entire continuum of service and care for a medical tourism consumer. Hospitality facilities and other healthcare settings may or may not recognize this particular cycle in their operations. However, in the context of Medical Tourism, it is recognized, as a standard that should coincide with the service continuum a patient will experience within Medical Tourism service channels. Five main stages are included in the hospitality service continuum as detailed in the diagram below.



Clinical Assessment & Treatment (CA)

Overview

International patient assessment and screening is an objective evaluation or appraisal of an individual's health status, including acute and chronic conditions. The assessment gathers information through collection of data, observation, and physical examination.

When dealing with International Patients Services, the MTA recognizes maintaining protocols related to medical assessment at the point of inquiry as well as at the point of admission to a facility, or with outpatient facilities their original appointment, are crucial in the management of the overall clinical outcome as well as the patient experience.

Delivering the proper medical, dental or other healthcare treatment to a patient, whether through the International Services program or an alternative admission channel into an organization, is an expectation of the MTA for certified facilities. The MTA endorses the Agency for Health Care Research (AHRQ) definition of Quality, "As doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results." Thus, it is an expectation of MTA certified facilities to maintain the necessary protocols to deliver the correct care to the correct patient when managing the clinical and individual needs of international patients.

Standards

CA.1 Assessment and Treatment

CA.1.1 The organization maintains documented clinical protocols* or procedures that address medical or dental or other healthcare entity assessment, treatment and any other services being offered to international patients.



CA.1.2 The organization maintains documented operational protocols* or procedures that address medical assessment, treatment and any other services being offered to international patients‡

CA1.3 The organization ensures individual needs are incorporated and documented at the point of assessment as it relates to the international patient‡

CA.2 Personnel and Training

CA.2.1 The organization ensures adequately trained personnel are providing medical, dental or other healthcare, assessment and treatment to patients‡

CA.2.2 The organization regularly performs a review of all clinical protocols* or procedures related to patient assessment, treatment and discharge‡

CA.3. Medication

CA.3.1 The organization ensures the need for medication education and medication management is properly communicated to patients‡



Cultural Competency (CC)

Overview

Culture can be defined as “the beliefs and behaviors shared by members of a group.” Culturally competent care is essentially patient-centered care. It is an ongoing process of evaluating beliefs, practices, structures and policies in order to plan for and incorporate cultural and linguistic competency within organizations.

Healthcare providers need to consider the importance of:

- Incorporating a diverse workforce reflecting patient population as much as possible
- Making language assistance available for patients based on the patient’s preferred language
- Offering ongoing staff training regarding delivery of culturally and linguistically appropriate services
- Tracking quality of care and patient perception of care across language, racial, ethnic, and cultural subgroups

Cultural sensitivity is especially important within the context of medical tourism, where patients from many cultural backgrounds are traveling for healthcare away from their home. Cultural sensitivity and awareness breaks down barriers, reduces the potential for errors and ultimately promotes better outcomes. According to the National Center for Cultural Competence, “Cultural competence requires that healthcare providers and their personnel have the capacity to: (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of individuals and communities served.”

Standards

CC.1 Culture and Language

CC.1.1 The organization designs services and supports to meet the needs of culturally and linguistically diverse groups (e.g., flexible times, service hours, or appointments; language access services; culturally-based advocacy; traditional healers, culture-specific assessments, and interventions and treatment).



- CC.1.2* The organization has clearly written, consistently implemented, and effective policies and/or guidelines to incorporate cultural and linguistic competence into its operational practices
- CC.1.3* The organization employs a diverse, culturally, religiously and linguistically competent workforce
- CC.1.4* The organization provides new staff orientation and in-service training and professional development activities for all staff to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence
- CC.1.5* The organization incorporates areas of awareness, knowledge, and skills in cultural and linguistic competence and international patient needs into position descriptions and performance evaluations for all clinical and non-clinical staff
- CC.1.6* The organization has clearly written, consistently implemented and effective policies and/or guidelines to incorporate cultural and linguistic competence into human resources and staff development
- CC.1.7* The organization has instituted signage and way-finding in language(s) understood by its target patient population(s)
- CC.1.8* The organization makes available waivers and consent forms in the patient's primary language
- CC.1.9* The organization makes available professional interpreters for patients upon request



Communication & Education (CE)

Overview

Communicating effectively with international patients and their companions is fundamental to providing a quality medical travel experience. Effective communication also requires individuals and teams having access to adequate and timely information necessary to perform their roles efficiently and appropriately.

Patients require clear information about any risks of traveling for surgery, or other treatments, the nature and purpose of any intended treatment, the options available to them, the benefits and risks of each option. The international patient requires clear information about potential treatments, side-effects and potential complications, and what to expect both during and after the treatment. International patients, who establish good communication with their physicians, dentist or other healthcare provider are more likely to understand their condition, understand their treatment options, modify their behaviors as recommended by these professionals and adhere to follow-up instructions.

Standards

CE.1 Communication and Education about the Organization

- CE.1.1* The organization makes it easy for prospects and patients to contact it.
- CE.1.2* The organization provides timely replies to patient inquiries (under 48 hours).

CE.2 Communication and Education about Care Provided and Travel

- CE.2.1* The organization provides information about a planned treatment plan and the facilities where the procedure or treatment will occur.
- CE.2.2* The organization provides information to patients about any increased risk of combining travel with surgical procedures or other treatments or diagnostic procedures.



- CE.2.3 The organization provides information about medical, dental or other procedures or treatments that includes recommended length of stay in the region or country
- CE.2.4 The organization facilitates a detailed itinerary and treatment plan prior to patient travel
- CE.2.5 The organization provides information about waivers or consent forms that must be completed prior to travel

CE.3 Communication and Education with Home Region Providers and with Family

- CE.3.1 The organization encourages and facilitates communication between patient and home region physician, dentist or other licensed provider
- CE.3.2 The organization encourages and facilitates communication between the patient's home region primary care practitioner, dentist or other licensed professional and the out-of-area physician, dentist or other licensed healthcare providers upon request
- CE.3.3 The organization facilitates communication between patient and family, as requested by the patient

CE.4 Communication and Education about Travel

- CE.4.1 The organization provides information about the destination region or country prior to travel
- CE.4.2 The organization provides information about lodging and transportation in destination region or country, if requested by the patient

CE.5 Communication and Education about Pricing

- CE.5.1 The organization provides information and pricing for aftercare facilities and medical services, if applicable to the patient's treatment or condition

CE.6 Communication and Education Protocols and Procedures

- CE.6.1 The organization provides consistency in its communication with patients based upon protocols or procedures and best practices



Ethics (ET)

Overview

Professional ethics represent the ethical norms, values, and principles that guide a profession and the ethics of decisions made within the profession. In healthcare, ethics guide the decisions made in medical practice. Ethics in the context of healthcare services delivery usually applies to four main themes:

- **Autonomy:** Respecting a person's right to make his/her own decisions
- **Beneficence (to do good):** Creating a safe and supportive environment for the patient
- **Non-maleficence (do no harm):** Minimizing the pain and suffering of patients under our care
- **Justice:** Treating people fairly

While all the above elements apply to local and international patients alike, the unique nature of the international patient experience poses special challenges for healthcare providers striving to maintain high ethical standards of care.

One challenge is that international patients can be more vulnerable to unethical practices than are local patients. They need to make important decisions about their care while communicating with a provider that is often far away, and in the context of a foreign culture and language. In many cases they will need to take the provider's word for the price and quality of care being offered. They may be referred by a facilitator who may not be trained in placing the patient's best interests before the facilitator's own interests. Once in the healthcare provider's care, unfamiliar practices, laws and regulations may confuse the international patient.

A healthcare organization can demonstrate ethical behavior by:

- **Demonstrating Provider Transparency-**This occurs by providing honest, accurate information about the provider's education, training, skills, experience and any pending legal or professional actions. The organization is also honest about any legal or financial claims against the healthcare institution.



- **Respecting Patient Rights**-This occurs when the healthcare organization provides the patient with written patient rights documentation that is explained in a language and manner that the patient understand and that these rights respected during the patient's care. The patient has the right at any time to seek assistance from the healthcare organization whenever he or she believes that their rights have not been respected.
- **Demonstrating Pricing Transparency**-This occurs when the organization provides clear, accurate pricing information for all aspects of the patient's proposed care from the first contact with the patient. The pricing presented to the patient is honored.

Standards

ET.1 Provider Transparency

- ET.1.1* The organization is transparent about any complaints, claims for malpractice or medical negligence against it.
- ET.1.2* The organization is respecting of all local and international laws and is not involved in any false, fraudulent, or deceptive activity.
- ET.1.3* The organization completes adequate background checks on all local, foreign or visiting clinical professionals involved in International Patient Services prior to hire or collaboration.

ET.2 Patient Rights

- ET.2.1* The organization has developed a patient bill of rights that is provided to all international patients prior to admittance.
- ET.2.2* The organization listens to patients and respects their views about their health.
- ET.2.3* The organization, through its physicians or dentist or other licensed practitioners, discusses with patients what their diagnosis, prognosis, treatment and care involve.
- ET.2.4* The organization shares with patients the information they want or need in order to make informed decisions.
- ET.2.5* The organization maximizes patients' opportunities, and their ability, to make decisions for themselves.
- ET.2.6* The organization respects patients' care decisions.
- ET.2.7* The organization uses its expertise to inform patients of benefits, risks and alternatives, of medical decisions in an effort to facilitate informed decision-making.
- ET.2.8* The organization uses its expertise to inform patients of the cost of any potential complications and the possible positive and negative outcomes of medical decisions in an effort to facilitate informed decision-making.
- ET.2.9* The organization provides the same quality of care to local residents as it does to international patients.
- ET.2.10* The organization informs the patient of the risks of traveling following a medical or other procedure or test.

ET.3 Pricing Transparency

- ET.3.1* The organization informs the patient of the total cost of care inclusive of diagnostic testing, physicians' services, nursing care, and follow up care prior to travel. This same level of transparency is expected for other forms of care such as dental, diagnostic radiology or other professional care.
- ET.3.2* The organization informs the patient of the total cost for aftercare or follow up treatments and for other foreseeable costs such as transportation.





Financial Transactions (FT)

Overview

The process of paying for medical, dental or other healthcare can often be a stressful experience for any patient. This can be compounded in medical tourism by the increased risk of miscommunication, misrepresentation or lack of trust stemming from distance or cultural or language differences. Healthcare providers need to consider the payment process from the international patient's perspective in order to implement protocols and processes that reduce the risk of misunderstanding or problems occurring. First and foremost, there needs to be transparency in pricing and the terms and conditions that apply to the procedures/treatments that the international patient is inquiring about. Patients and buyers of healthcare should know up front what procedure packages, if offered, include; what the likely charges will be; and what conditions or circumstances could lead to additional expenses.

Assistance with insurance reimbursement should be provided to the international patient. Cancellation and refund policies should be communicated across different channels such as website, social media, email, correspondence and information packages. Payment transaction methods should be clearly explained and international patients should be made aware of instances where a transaction could generate charges apart from those billed by the provider through credit card fees.

The respectful manner in which facility staff discuss the financial obligations with the international patient is critically important to the short term and long term relationship with the international patient.

Standards

FT.1 Transparency in Financial Transactions

- FT.1.1* The organization is transparent with patients prior to travel commencement about who is financially responsible in case of medical, dental or other treatment complications
- FT.1.2* The organization provides information about what is included and not included in its treatment or procedure packages and non-package costs
- FT.1.3* The organization clearly specifies how long pricing is valid
- FT.1.4* The organization informs patients in advance what its policy is with regards to expectation of payment for extra expenses
- FT.1.5* The organization can provide patients and insurance companies with an itemized bill upon request

FT.2 Payments, Fees and Additional Costs

- FT.2.1* The organization informs patients of various payment methods available
- FT.2.2* The organization is transparent with patients about pricing that includes referral fees to third parties
- FT.2.3* The organization informs patients about the possibility of local exchange rates affecting credit card charges
- FT.2.4* The organization informs patients in advance that some banks charge fees for outside of their home country credit card charges
- FT.2.5* The organization requests that patients inform their bank about their intention to travel outside their home region

FT.3 Refund Policy

- FT.3.1* The organization provides clear information on the refund and cancellation policies



Healthcare Leadership (HL)

Overview

Healthcare leadership is an important factor in the development, implementation and continued ability to operate an International Patient Services business initiative or business unit within a healthcare organization, whether or not that business is big or small. The concept of Medical Tourism often engages numerous stakeholders in a particular market that requires strong leadership and business skills.

Understanding how to appropriately scale an International Patient Services initiative is crucial to creating a sustainable business line within a healthcare organization. Choosing an appropriate management approach to relevant care processes inside of an organization often requires the engagement of executive management and personnel that can equally manage internal and external organizational relationships.

Standards

HL.1 Competency & Performance

HL.1.1 The organization maintains adequate personnel in the role of leadership for International Patient Services through accountability of annual performance goals.

HL.2 Business Acumen

HL.2.1 The organization provides leadership and relevant staff with resources or opportunities to maintain a current understanding of the markets prioritized and global healthcare market trends.



Infection Control & Hazardous Waste Management (IW)

Overview

The management of infection control and hazardous waste management requires a dedicated, knowledgeable and best-practice effort by all healthcare organizations and their staff members. Healthcare facilities present environments where healthcare-associated infections (HAIs) may occur. Only through best-practices in infection control and hazardous waste management and through monitoring these healthcare-associated infections be prevented. Due to the logistics, mainly in travel, that occur with international patients seeking care across regions or borders, knowledge and management of infection control and waste management becomes increasingly important.

Whether an organization has a single dedicated staff member regarding infection control or a department of staff, healthcare services delivered to international patients, needs to be prioritized given the variables, specifically demographics associated with some patients. Adequate medical history and knowledge of infectious disease trends unique to an international patient's home region or country should be prioritized prior to acceptance and admission to a facility.

Through the utilization review process a facility ensures an appropriate length of stay for each international patient. The length of stay in the facility and length of post-procedure/treatment care in the region or in-country is intended to decrease any potential risks associated with travel back to the international patient's home country. Thus, at the point of discharge, an international patient should be well-educated on any post-care and measures to be taken to ensure the international patient outcome is positive and the return home is without increased infection risk.



Standards

IW.1 Infection Control and Hazardous Waste Management

- IW.1.1* The organization maintains protocols and policies regarding best-practices in infection control and hazardous waste management†
- IW.1.2* The organization ensures all patient protocols and policies regarding infection control and waste management are met by staff members of the international services program†
- IW.1.3* The organization ensures infection control and hazardous waste management practices consider cultural beliefs, patient confidentiality and patient rights†

IW.2 Infection Control Screening

- IW.2.1* The organization ensures adequate disease history and current health status is captured about a patient prior to acceptance and arrival to the destination (region or country) and facility†

IW.3 International Infection Control

- IW.3.1* The organization keeps updated on domestic, regional and international infectious disease trends and alerts for traveling patients from foreign countries†

IW.4 Infection Control and Hazardous Waste Education

- IW.4.1* The organization ensures all patient protocols and patient education regarding infection control and hazardous waste management are in a language understood by patients of the international patient services program†



International Patient Management (IP)

Overview

International patient management is a multi-phase process that includes coordination of care and service delivery, continuum management, consultation and collaboration between specialists within the organization or others outside the organization, the goal of facilitating a safe and smooth international patient experience. Rather than try to fit international patients into their local patient care path, healthcare providers need to adapt and introduce protocols that address the particular needs and expectations of international patients through each stage of their care.

The patient acceptance or appointment process is one example of a process that needs to be tailored to meet the needs of the international patient. A local patient will usually arrive at admissions referred by a local physician or other healthcare provider. The patient already knows that he or she is a good candidate for the medical procedure as the referring physician or other healthcare provider has already reviewed requested test results or other referral information. Payment will be processed through the patient's insurance company or paid out of pocket. However, in the case of an international patient, the healthcare provider will need to determine remotely if the patient is a good candidate for the procedure or treatment. If an error is made at this stage then a provider risks having a patient travel thousands of miles for a procedure that cannot be performed. Protocols need to be implemented that help providers accurately assess a patient's condition prior to arrival at the facility or office.

Maintaining appropriate continuity of care through each transition stage needs to be the primary goal of healthcare providers targeting international patients. From patient acceptance and appointment protocols through discharge and follow-up, providers need to take a critical look at the care path to eliminate potential hazards that could negatively impact the international patient's experience.



Standards

IP.1 Acceptance, Appointments and Admission

- IP.1.1* The organization encourages patients to communicate with their primary care physician, dentist or other licensed healthcare provider about their decision to travel outside their home region
- IP.1.2* The organization has a clearly defined protocol for collection of clinical information or reports prior to patient arrival
- IP.1.3* The organization informs the patient of any pre-treatment testing or other information required prior to travel
- IP.1.4* The organization informs the patient of documentation that will be required at or prior to admission
- IP.1.5* The organization informs the patient of any necessary physical status requirements prior to the procedure
- IP.1.6* The organization makes communication available between the patient and the treating physician, dentist or other practitioner, prior to patient departure
- IP.1.7* The organization has instituted an admission process for international patients, which is consistent with their needs and expectations while at the same time respects the needs of local patients
- IP.1.8* The organization develops, implements and monitors as least one clinical pathway (clinical pathway needs to be defined somewhere) for the services provided to International Patient Services

IP.2 Continuity of care

- IP.2.1* The organization has implemented a care path* or process consistent with international patient needs and expectations for an efficient and affective continuity of care
- IP.2.2* The organization assigns a person or team to manage international patient services.



Marketing (MK)

Overview

As the medical tourism industry has become more competitive, increasing numbers of medical providers have begun to promote their services internationally through various marketing channels including websites, social media, pay per click campaigns and trade events. Never before has it been easier to find healthcare information on-line, the end result being that potential patients are confronted with a multitude of choices and claims, some of which are difficult to verify.

Healthcare providers need to be careful not to make any false or overly ambitious claims about their services or clinical outcomes. Marketing or advertising claims must be factual and verifiable. Vague or general statements, which are hard to backup, may be prohibited by state or country laws. Providers are advised to be careful using terms like "best," "world class," "top," or any other unquantifiable catchphrases. A provider's ultimate goal in marketing should be to inform and influence people toward a better quality of health and quality of life that the provider believes it can provide.

Standards

MK.1. Marketing Accuracy

- MK.1.1* The organization ensures that quality of care and performance claims in promotional materials are supported by sources or data that are available to patients upon request.
- MK.1.2* If the organization makes representations about the credentials of its physicians, such representations are regularly reviewed for accuracy.
- MK.1.2.1* The organization uses language on its website(s) that does not oversell or exaggerate.
- MK.1.3* The organization does its best to ensure that healthcare marketing communications that include price information are accurate, substantiated, and offered in the spirit of disclosure of all material information.



MK.1.4 If the organization promotes procedure packages on its website, on social media or in any other marketing materials, appropriate disclosures are provided relative to pricing and availability)

MK.2 Marketing in the Target Language of the International Patient Population

MK.2.1 The organization has a website or website section or social media with information for international patients in multiple languages as required by the audience for which it is intended)

MK.3 Marketing Materials or Information are Easily Accessible and Usable

MK.3.1 The organization ensures that contact methods such as phones, faxes and emails are easily visible on its website and/or social media platforms and all other marketing materials)

MK.3.2 The organization lists all services provided specifically to international patients)

MK.3.3 The organization uses language in its marketing communication that is easily understandable by the target audience for which it is intended)

MK.3.4 The organization clearly identifies on its website which medical, dental or other procedures it is promoting)

MK.4 Marketing Testimonials and other Patient Generated Feedback

MK.4.1 The organization gets written consent from patients or any other patient representative before using their images or voices or any other personal or treatment information on its website or social media platform or promotional materials)

MK.5 Marketing Policies

MK.5.1 The organization does its best to ensure that its marketing communication only appears in reputable advertising and media outlets)

MK.5.2 The organization has established a social media policy for the organization and its physicians or dentists or other licensed providers and the organization's staff members that abides by the country and state's/region's patient privacy laws)

MK.5.3 The organization, in an effort to stay current on international patient issues and medical tourism trends, attends industry related conferences, other educational forum and/or reads materials related to the industry, to stay informed about the industry)

MK.5.4 The organization regularly incorporates international patient services performance data into its marketing activities)



Patient Advocacy (PA)

Overview

International patients are often confused trying to understand and navigate healthcare systems outside their home region or outside their home country. To reduce any confusion and to help reduce any international patient anxiety, organizations who seek to control the international patient experience will provide some type of patient advocate or navigator person to guide the international through his or her healthcare experience. The patient advocate will speak for the patient when the patient is unable to do so, to ensure that the patient's best interests are represented.

The role of the patient advocate is particularly important in the context of international patient care. This is due to the complex nature of accessing healthcare across regions or borders. Medical records need to be obtained, questionnaires completed, flights and lodging booked, and payment made to an out of region or international organization. Once the patient is at the healthcare provider destination, he or she may need to see various specialists and go through an admittance or appointment process that may be unfamiliar to them. Complaints need to be addressed, informed consent explained and patient feedback obtained, all with the goal of providing a quality patient experience. Healthcare providers need to keep in mind that most international patients have little or no knowledge of the medical tourism process or the procedures or protocols used by out of region or international hospitals or other healthcare organizations. Therefore significant support by a patient coordinator will be required to ensure that the patient's needs are met and that international patient concerns are listened to and acted upon.

Smaller organizations with only one or two providers, may determine that the treating provider may act as the international patient's advocate. If the treating provider is to act also in the capacity of an international patient advocate, this role must be explained to the patient.



Standards

PA.1 Role of the Patient Advocate or Patient Navigator

- PA.1.1* The organization assigns a qualified representative to assist the patient during his/her time in the hospital or other healthcare setting
- PA.1.2* The organization ensures that a qualified representative is responsible for maintaining communication with the patient and health care provider to help ensure patient understanding of procedures
- PA.1.3* The organization ensures that patient questions about the appropriateness of treatment are promptly discussed with the patient's physician, dentist or other healthcare provider and that all treatment concerns are promptly entered into the patient's health care record
- PA.1.4* The organization ensures that its representatives maintain patient privacy according to local and national laws, treating all patient and family information as privileged and protected

PA.2 Patient Satisfaction

- PA.2.1* The organization has well-defined policies and procedures for capturing and addressing patient complaints
- PA.2.2* The organization trains employees (particularly those on the front-lines) about the correct way to handle complaints
- PA.2.3* The organization tracks patient complaints as part of its quality improvement process
- PA.2.4* The organization evaluates and makes improvements based upon results of questionnaires and other international patient feedback
- PA.2.5* The organization provides patient satisfaction surveys during and/or following treatment
- PA.2.6* The organization reviews patient satisfaction surveys on a regular basis to develop improvement measures



Physical Environment (PE)

Overview

International patients and their companions often judge the quality of a provider's medical, dental, radiology or other clinical services based on their perceptions of an organization's physical environment. Public spaces such as entrance areas, cafeterias, restrooms and waiting lounges have the potential to create a positive first impression. This first impression may include how the patient perceives the facility's level of cleanliness, maintenance and a perception of safety.

The positioning, design, layout and signage of the treatment setting are crucial factors in the way patients feel about their care environment. Given that patients may be tired from traveling, feeling disoriented, or experiencing cognitive or physical difficulties, every effort needs to be made to make access to services easy in a stress-free healing environment. Easy access for international patients, into and out of any facility, who may be using a wheelchair, walker or other assistive device, must be considered for patient safety and for international patient satisfaction.

Healthcare providers should strive to eliminate environmental stressors such as noise and crowding; use natural lighting where possible and improve indoor air quality. Studies have shown that the more attractive the environment the higher the perceived quality of health care and the greater reported reduction of anxiety.



International patients will have differing expectations with regard to the aesthetics, functionality and comfort of the healthcare facilities they choose. Lavish suites and ultra-modern facilities may be necessary where organizations choose to target high-end markets; however, they are not necessarily a factor in providing a safe and outstanding patient experience. There are, however, certain baseline criteria, for the physical environment that should be taken into account in order to provide an optimal service experience to patients from a wide range of geographic, socio-economic and cultural backgrounds.

Standards

PE.1 Physical Environment

- PE.1.1* The organization ensures that the patient environment is well maintained, clean and safe.
- PE.1.2* The organization ensures that the staff is responsible for monitoring and reporting on standards of cleanliness.
- PE.1.3* The organization ensures that maps and way-finding information are easily visible and understandable by patients of different cultural and linguistic backgrounds.

PE.2 Hospitals and other 24 Hour Facilities

- PE.2.1* The organization has available a cafeteria or restaurant that is easily accessible by patients or their companions.
- PE.2.2* The organization has available semi-private, private rooms or suites.
- PE.2.3* The organization has available a semi-private family lounge for patients who request it.
- PE.2.4* The organization ensures that patient rooms have a nurse call system accessible to the patient.
- PE.2.5* The organization ensures that patient rooms have a safety box or provide other secure location for personal valuables.
- PE.2.6* The organization ensures that patient rooms have cable television with programming in different languages.
- PE.2.7* The organization ensures that patient rooms have easy Internet access.
- PE.2.8* The organization ensures that patient rooms have temperature controls accessible to the patient when required.
- PE.2.9* The organization ensures that noise levels in and around patient rooms that do not interfere with the patient's recovery.
- PE.2.10* The organization ensures that patient rooms have an extra bed or comfortable recliner chair for a companion upon request.



Quality Improvement (QI)

Overview

The MTA recognizes an organization's approach to implementing, maintaining, and achieving Quality Improvement outcomes as a factor that will increase overall operational performance and success of an International Patient Services program. When serving international patients, an organization's ability to apply its quality efforts will ultimately project the true capacity of an organization to achieve quality health outcomes for the international patient.

Quality Improvement is often recognized as a leadership driven initiative. The MTA encourages all international patient programs to have leadership driven quality improvement processes both at the program level and at the organization-wide level. The Institute of Health Improvement recognizes Quality Improvement as, "...the mainstream approach for ensuring that the best possible care is delivered to every patient every day – and it is rapidly taking its rightful place in the core business strategy for institutions trying to survive in an increasing competitive marketplace." Thus, the MTA believes an organization's approach to Quality Improvement in the context the evolving global healthcare market place will create a competitive program and equal a return on investment.

Quality Improvement standards in this section are directed at an organization's ability to adequately plan, monitor and evaluate the ongoing needs of its International Patient services and programs. As priorities are established within a single organization, the MTA recognizes and endorses the Institutes of Medicine (IOM) quality domains for organizations initiating the quality improvement process:



- **Safe:** avoiding injuries to patients from the care that is intended to help them
- **Effective:** providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit
- **Patient-centered:** providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions
- **Timely:** reducing waits and sometimes harmful delays for both those who receive and those who give care
- **Efficient:** avoiding waste, including waste of equipment, supplies, ideas and energy
- **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

Standards

QI.1 Planning Quality Improvement

QI.1.1 The organization maintains a documented plan on how quality improvement is carried out within international patient services

QI.2 Data Collection on the International Patient Experience

QI.2.1 The organization collects data about quality improvement initiatives related to:

- International patient services,
- The international patient experience,
- Patient safety,
- Risk management and
- Adverse events

QI.2.2 The organization captures data on at least one prioritized patient safety initiative within its international patient services

QI.3 Key Performance Indicators (KPIs)

QI.3.1 The organization captures a minimum of 5 (five) key performance indicators to measure the organization's drivers and critical success factors related to international patient services. These 5 KPIs are submitted to MTA as per MTA KPI policy

QI.4 Data Analysis

QI.4.1 The organization analyzes prioritized captured performance data regarding international patient services. The organization can present at any given time at least one recent improvement it has made to its international services

QI.5 The Organization Makes Improvements

QI.5.1 The organization takes action on deficiencies and unachieved goals regarding the performance of international patient services

QI.6 Patient Safety

QI.6.1 The organization maintains a documented plan on how patient safety is assessed and prioritized within international patient services

QI.6.2 The organization implements, monitors and evaluates no less than 2 patient safety goals for International Patient Services on an annual basis



Risk Management (RM)

Overview

Traditionally, risk management is a process for identifying, assessing, and prioritizing risks of different kinds. Medical tourism and the management of international patients adds a new dynamic to identifying all the elements for regional or international medical travel. The logistics in travel and experiencing communication between healthcare professionals in two different countries or regions involved can increase the risk of misunderstandings and clinical risks. Healthcare providers need to identify areas of risk and determine how they can best limit their exposure. Four key areas of risk to consider are privacy and confidentiality, advance directives, risk mitigation, legal recourse or regional conflict.

Privacy and confidentiality: In the U.S., HIPAA (Health Insurance Portability and Accountability Act) requires covered entities to notify individuals about their uses and disclosures of protected health information, and prohibits certain uses of patient information without the patient's express written consent or authorization. In addition to privacy provisions, HIPAA has security provisions as well, that require information in all forms - electronic or otherwise - to be protected from unauthorized access. However, healthcare providers will need to follow local privacy laws to maintain the integrity of personal identifiable healthcare information during transition and storage stages. Europe has personal data protection laws related to the Organization for Economic Cooperation and Development (OECD). Other countries have privacy laws that need to be considered when treating patients outside of their country.

Advance directive: is a written statement of a person's wishes regarding medical or psychiatric treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor. Most countries legally recognize some form of advance medical directive. Even if a particular instruction in an advance directive might not be enforceable under some circumstances, providers should encourage international patients, who will be undergoing a procedure or treatment with known significant risks, to express his or her wishes and intent in some kind of written document.



Risk mitigation: is all about understanding risks that can impact a healthcare provider's objectives, and implementing strategies to mitigate and manage those risks. Among the medical risks patients face when having major surgery or other procedure or treatment performed outside their home region or country are infectious diseases they may have not been exposed to previously. Healthcare providers need to develop protocols to reduce these risks and others that they identify.

Some examples of risk mitigation include:

- Implement tourism safety guidelines and acceptable tourism venues to visit
- Ensure there are criteria in place for accepting international patients
- Ensure there is a process to determine when international patients are fit to return home after surgery
- Ensure protocols are in place to reduce the risk of medical complications on airline flights

Legal recourse: As of this writing there is no international recognized legal regulation of medical tourism. If a medical error has been made or an act of negligence has occurred in the form of medical malpractice, a patient has the right to duly receive compensation. This compensation usually comes in the form of a monetary reward (where the patient sues the healthcare provider) or by correcting the medical error that was made. Without regulations and standardizations, medical tourism has the potential to be a hub of medical malpractices in which unqualified healthcare professionals treat naïve patients. Therefore, healthcare providers need to clearly inform international patients about local laws and regulations.

Regional conflict: Conflicts, social disorder or war can occur in any place around the world. The organization needs to determine its level of transparency to the international patient any actual or potential conflicts or social disorder that may occur in the host region or country that may affect the international patient sense of wellbeing or affect the organization's ability to successfully to treat the patient.

Standards

RM.1 Privacy and confidentiality

- RM.1.1* The organization has instituted protocols to safeguard the security and integrity of personal identifiable medical information during the transmission process
- RM.1.2* The organization has instituted protocols to safeguard the integrity of personal identifiable medical, dental and all other healthcare information during storage
- RM.1.3* The organization has instituted protocols to safeguard who inside and outside the organization has access to personal identifiable medical information
- RM.1.4* The organization is in compliance with the applicable local privacy laws and the privacy laws of the patient's country of residence

RM.2 Advance directives

- RM.2.1* The organization encourages patients sign an advanced directive or living will as applicable to the setting they are being seen in
- RM.2.2* The organization explains legality and enforceability of Advanced Directives or Living Will in the destination country
- RM.2.3* The organization requests family and emergency contact person(s) and authorization to contact them if required (even in cases where patient is looking for anonymity). The organization requests the patient identify individuals that the organization may answer questions from

RM.3 Risk mitigation

- RM.3.1* The organization has a risk management system for collection of data necessary to properly



screen patients. For example, these data or processes may include medical or dental histories or family medical histories or past history of surgical or procedure complications or allergies to medications or foods.

RM.3.2 The organization has protocols or procedures for screening patients that fit with the overall risk tolerance of the hospital, clinic or other healthcare setting. For example, these protocols or procedures may include screening international patients for current medical conditions such as diabetes, high blood pressure or communicable disease.

RM.3.3 The organization encourages communication with the patient as a means of mitigating risk and reducing liability. For example this communication may be in the form of telephone or telehealth communication between the physician or dentist or other licensed provider with the patient. This may also include required clearances or testing required of the international patient prior to being accepted.

RM.3.4 The organization has protocols or procedures for addressing complications that occur once the patient has returned home. For example, these protocols or procedures may include written post-discharge patient guidelines or documented patient education on complications or financial responsibility policies of the organization.

RM.3.5 The organization takes responsibility for complications that occur as a result of physician or dentist or other licensed provider and/or hospital or clinic error or negligence. For example, this responsibility may take the form of written policies or procedures that describe the organization's position on clinical and financial responsibility in the event of an unplanned outcomes.

RM.3.6 The organization maintains an adverse incident reporting system that uniquely incorporates the vulnerabilities of International Patient Services.

RM.4 Legal recourse

RM.4.1 The organization is transparent with patients about conditions and opportunities for legal recourse.



Supply Chain Management (SC)

Overview

It is important for the international patient to have a treatment experience where all equipment and supplies necessary for a successful clinical outcome are available when needed. Establishing and maintaining an efficient supply chain represents an important investment for hospitals and other healthcare organizations. The oversight of this process of supply and equipment planning, ordering, tracking and receiving; is a key function for successful organizations and for international patient satisfaction.

Standards

SC.1 Evaluation of Value of Supplies, Medication and Equipment

SC.1.1 The organization maintains protocols and policies related to evaluating medical, dental and any other healthcare organization supplies, medications and equipment in the context of value to overall impact to clinical outcomes.

SC.2 Vendor Compliance

SC.2.1 The organization maintains protocols and policies related to vendor compliance, in particular as it relates to product safety and product recalls.

SC.3 Product Availability for Travel

SC.3.1 The organization maintains protocols and policies related to ensuring adequate products are available for patients when traveling to and from their home residence.

SC.4 Logistics Management

SC.4.1 The organization maintains protocols and policies related to ensuring all necessary logistics for supply management.





Technology (TN)

Overview

Globally more hospitals, dental practices and other specialties are using medical technology such as electronic medical records, interactive websites, mobile devices and social media to educate and to communicate with patients and with other providers. Physicians, dentists and other specialists while on the job, can now have access to any type of information they need – from drug information, research and studies, patient history or records, and more – within mere seconds. Applications can aid in identifying potential health threats and examining digital information like x-rays and CT scans for the international patient.

Adapting to this new technology requires adjusting to new needs to protect the privacy of international patients from any breaches of their confidentiality via this new technology. All healthcare organizations need staff education and policies that are in place to protect the confidentiality of international patient healthcare information.

Standards

TN.1 Use of Technology & Product Appropriateness for Operations

TN.1.1 The organization maintains protocols and policies related to evaluating technology products in the context of value to overall impact to clinical outcomes and confidentiality related to the, international patient experience and operational processes.

TN.2 Security & Compliance

TN.2.1 The organization provides a clear framework of accountability and execution in the context of data security and patient confidentiality when using technology to transmit patient information.

TN.3 Patient Management

TN.3.1 The organization provides a clear process of how the patient care process is managed with the use of technology, including patient safety.

TN.3.2 The organization provides technology resources in a language that can be understood by users, patients and staff alike.





Transparency & Compliance (TC)

Overview

Being open and transparent to international patient requests for information is often a first step in building a trusting relationship between the international patient and the doctor, dentist, facility or other healthcare entity. Patients are being asked to leave their home, travel across the country, or around the world, to facilities and doctors they know little about. The patient or buyer of healthcare services main goal is to gather accurate information and knowledge that they can use to make an informed decision. Research shows that provider quality can vary greatly from region to region and from healthcare organization to healthcare organization. Therefore, organizations that support the patient's best interests are willing to be transparent about the quality outcomes of care they provide. Buyers of healthcare are typically focused on outcome data and staff qualifications. Information such as infection rates, complication rates and the education and experience of physicians can be key indicators of the quality of a particular healthcare organization, and should be provided in an easy to understand format, when requested.

For organizations seeking to encourage patients to use quality information when choosing physicians, dentists, diagnostic radiology or hospitals and other providers; a critical first step is to provide the consumer with information related to the risks, benefits and alternatives related to the healthcare intervention that they are seeking information about. This information includes providing the consumer with information such as, complication rates. When international patients receive honest and understandable information about the risks involved in the procedure or treatment they are seeking, they can build trust in the provider they are evaluating.



It is a priority for all healthcare organizations to employ or contract with individuals who are qualified to provide effective, safe quality care services through their professional education, training and experience. All countries maintain requirements for the licensing of clinical professionals, such as physicians, dentists, nurses and allied health professionals. Verification of professional credentials, including education, training and experience through primary sources is a key human resource function for all healthcare organizations.

Typical Human Resource management and compliance processes include:

- Employee benefits
- Employee compensation/wages
- Employee orientation
- Employee recruitment and hiring
- Employee record keeping
- Employee separation
- Employee training
- Labor relations
- Occupational safety
- Performance management
- Workplace safety

The MTA expects organizations to meet, if not exceed, their local laws and regulations as it pertains employees and contractors. The MTA also encourages organizations to prioritize ongoing professional development opportunities for its entire labor force.

Standards

TC.1 Laws & Regulation

TC.1.1 The organization provides information about the status of any laws, certification, regulations and accreditations it is required to maintain, any certifications or accreditations that it has received and that all requirements are currently being met.

TC.2 Leadership

TC.2.1 The organization ensures adequately trained and educated leadership is managing international services (programs) and related staff.

TC.3 Human Resources

TC.3.1 The organization has an effective process for gathering, verifying, and evaluating the credentials (license, education, training, competence, and experience) of all healthcare professionals permitted to provide patient care with and without supervision to international patients.

TC.3.2 The organization makes available physician profiles, including CV's, outcomes and credentialing information, of providers authorized to treat international patients.

TC.3.3 The organization maintains adequate policies and procedures to recruit and manage human resources responsible for international patient services.

TC.3.4 The organization provides an appropriate orientation for staff working directly with International Patient Services.

TC.3.5 The organization incorporates performance reviews in the annual or periodic reviews of dedicated individual dealing with international patients' services.



Travel & Tourism (TT)

Overview

One aspect that separates medical tourism from other forms of healthcare delivery, is the travel and tourism component that many international patients take advantage of. Travel and tourism can expose patients to a number of factors that may have an impact on their health. While flying, cabin air pressure and lack of humidity can be harmful for patients with certain conditions or who have undergone certain types of procedures. Sitting for long periods of time can increase the risk of Deep Vein Thrombosis (DVT), a potentially fatal condition. The destination itself may pose certain security or health risks. The epidemiology of infectious diseases in the destination country or region may be considered of the international patient. Patients need to be made aware of the occurrence of these diseases in the destination countries or region. Unforeseen natural or man-made disasters may occur.

Historically, travel and tourism have not been a core competency of most medical providers. In support of the international patient experience, it is important that medical, dental, or other care providers are aware of and use best-practices from both the medical tourism and hospitality fields for international patients. The healthcare provider's understanding of medical tourism and hospitality best-practices can help support the international patient being more likely to experience safe and convenient travel and experience.

Standards

TT.1 Travel

- TT.1.1* The organization makes every effort to ensure that accurate information is provided to patients regarding their treatment schedule or plan to enable them to exercise an informed judgment in making their choice of travel arrangements.
- TT.1.2* The organization makes every effort to inform the patient about any unique travel arrangements are recommended in regards to the patient's individual personal and/or medical requirements.



- TT.1.3* The organization provides information about destination region's or country's safety and security status
- TT.1.4* The organization alerts patients to health or legal requirements for travel to the destination region or country (such as vaccines or visas) and travel alerts
- TT.1.5* The organization informs patients of healthcare requirements that are necessary for travel, including advising patients to check recommended practice guidelines with their primary care practitioner, dentist or other healthcare provider
- TT.1.6* The organization encourages travelers to take out comprehensive travelers' health insurance
- TT.1.7* The organization provides support, either directly or through a recommendation of a travel professional, in arranging flights for the patient
- TT.1.8* The organization, upon request, arranges ground transportation (directly or via third party) for the patient in destination country

TT.2 Accommodations

- TT.2.1* The organization assists with arranging accommodation (directly or via third party) for the patient in destination country or region
- TT.2.2* The organization, upon request, provides patients with descriptions of recommended accommodation options and the services and amenities they provide (directly or via a third party)
- TT.2.3* The organization has physically inspected any accommodation options it recommends to patients

TT.3 Tourism

- TT.3.1* The organization recommends, upon request, tourism options to patients appropriate to their medical condition (directly or via a third party)
- TT.3.2* The organization is transparent as to whether tourism activities are included in any procedure package price



Boo-Ali Hospital



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