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Review Article

Guidelines for Health System Management for Cambodia, Laos, Myanmar, and Vietnam (CLMV) Medical Tourists in the Regional Provinces of Thailand

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ABSTRACT

Introduction: Medical tourism refers to any person who travels cross-border to a foreign country to receive medical services. The Thai government has set a strategy to make Thailand a medical hub to drive economic growth in the future. The purpose of this research was to conduct an analysis of health system management for Cambodia, Laos, Myanmar, and Vietnam (CLMV) medical tourists in regional provinces of Thailand.

Methods: This research was qualitative. The in-depth interview was conducted with 25 cases, and the focus group was conducted with 30 representatives of government agencies and private entrepreneurs involved in policies, together with document analysis. The content analysis was applied for data analysis.

Results: It was found that the guidelines for health system management for CLMV medical tourists in regional provinces, namely adjusting the medical payment system, tightening screening of treatment eligibility, cooperating internationally in the management of the International Health Insurance Fund, establishing a medical fund for those who do not have Thai citizenship; establish foreign patients department in government hospitals; and control appropriate and fair service rates.

Conclusion: Practical short-term factors include promoting targeted niche markets, establishing marketing partnerships with other businesses, supporting medical tourism, making a database of expertise of hospitals in Thailand and training doctors with specialized expertise, especially international programs, promoting research, development and production of medical equipment and medical supplies, and encourage private hospitals in Thailand to be certified important in increasing Cambodia, Laos, Myanmar and Vietnam (CLMV) Medical Tourists in the Regional Provinces of Thailand.

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INTRODUCTION

The tourism industry plays a vital role in the economy of each country across the globe, and it has steadily expanded. In particular, medical and health tourism possesses relatively high potential and growth due to the readiness of the health system and the capacity of health and medical services. The Thai government has set a strategy as an international health hub (2016-2027), aiming to make Thailand a medical hub to drive economic growth in the future. It will eventually drive the tourism economy with a target revenue of approximately 2.71 trillion baht. According to the records of medical tourists in Thailand, there is a tendency to increase by 20 percent per annum in line with the trend of world tourism [1]. Moreover, it is expected to generate a total income of not less than 1.4 billion baht due to the increasing demand for the health market. Tourists from Europe, Japan, the Middle East, and also from CLMV neighboring countries are the main tourist groups.

ASEAN member countries have established a cooperation agreement on tourism to enhance cooperation towards seamless ASEAN, promote

development equality, and build a sustainable economy together through trade and investment in regional provinces. However, gaps in terms of economy and society cause ASEAN countries to have extremely different health conditions, such as morbidity rates and mortality rates, in each country. Thailand has become a medical hub because it has a higher level of quality service standards for the health and medical systems, leading to various problems arising for cross-border patients. The problems, including uncovered expenses, resource conflicts, and pandemic control, reflected health inequality in CLMV countries [2].

Planning to develop cross-border medical tourism in order to lead to better cooperation towards seamless ASEAN, reduce the development gap and build a stable and sustainable economy along the border areas, manage the health system to prepare for medical tourists from CLMV countries in the regional provinces of Thailand, is therefore important and urgently needed to support the expansion of medical tourists that will continue to expand. Medical tourists from CLMV countries are likely to grow 18.68 percent per annum on average [3], in line with the increase in their populations, human resource development, and economic expansion. The average gross domestic product (GDP) is expanding by 6.5-7 percent per year. The tourists from CLMV countries, therefore, are significant medical tourism targets. Among those, the number of Myanmar tourists accounts for the largest group, while tourists from Laos have the highest growth rate.

METHODS

Literature Review

Medical tourism refers to any person who travels cross-border to a foreign country to receive medical services with standards equal to or better than in their country of residence [4]. According to Lertputtharak (2013) [5] medical tourists can be categorized in accordance with their behaviors as follows: 1) Leisure tourists who do not initially intend to use medical services but suffer from illnesses that require hospitalization; 2) Tourists who purchase tour packages from agencies (Wellness Tourists) and the package may combine sightseeing with medical services; 3) Expatriates live in Thailand for diplomatic reasons or being dispatched from the parent companies. They may suffer health problems and receive medical services in Thailand; 4) Expatriates living in Asian countries for diplomatic reasons or being dispatched from the parent companies may have health problems in their country of residence but choose to receive medical services in Thailand; and 5) Tourists who intend to receive medical services (Medical Travelers). They make an appointment directly with a hospital or a doctor in Thailand to receive medical services. In this case, the hospital must arrange a tour package after treatment or recovery. On the other hand, medical tourists can contact travel companies to make all arrangements.

According to Horowitz (2008) [6], factors determining an individual to travel to another country for medical purposes are summarized as below: 1) The cost is cheaper than domestic treatment; 2) Length of time of hospitalization in their own country; 3) Availability of desired services that are limited by social conditions, cultures, and laws; 4) personal preference about the hospital; and 5) personal preference about the country to be visited for treatment. In addition, Bye (2007) [7] has summarized factors affecting individuals traveling abroad for treatment as follows: 1) To receive treatment services for a disease unavailable in their country; 2) To receive immediate treatment without a long queue for physician appointment in their country; 3) To obtain treatment at a lower cost than treatment in their country; 4) To treat a disease that is not covered by a national health insurance policy in the country; 5) To purchase medicine at a lower cost; and 6) To treat a disease that is not permitted in their country.

The analysis of the behavior of tourists is a study to estimate expenditures, duration of travel, and other expenses that tourists need for traveling in each season. The factors determining traveling consist of personal factors, which are health, income, attitudes, experiences, and external factors, including politics, economy, and society [8]. Tourism behavior is a process that requires considerable time and effort to make a decision, comprising five steps: 1) Need recognition caused by internal stimuli; 2) Information search for products and services; 3) Evaluation of alternatives 4) Decision making for purchasing and traveling; and 5) Post-purchase behavior. It is an assessment of experience affecting any satisfaction or dissatisfaction [9].

Methodology

The qualitative research method was applied to compile data. Firstly, the primary data were collected through in-depth interviews with 25 cases of key informants obtained by purposive selection from representatives of government agencies and representatives of entrepreneurs in medical services in the regional provinces. Secondly, the data were gathered through a focus group with 30 cases of key informants from government agencies and entrepreneurs, including 1) Representatives from relevant government agencies, including 15 representatives from the Ministry of Tourism and Sports, Ministry of Public Health, Ministry of Commerce, and Chamber of Commerce; 2) Representatives of private entrepreneurs, namely 15 representatives of the Private Hospital Association,

private hospitals, travel agency, hotels, restaurants, souvenir shops, transportation and traveling.

The secondary data were obtained from the review and analysis of relevant documents. The triangular method was applied to verify data to create credibility and accuracy of data. The data were analyzed by content analysis technique and presented in descriptive content. In this regard, the scope of research is defined as follows:

- Content scope: review research papers about situations and trends of medical tourism, the concept of health market demand, medical tourism behavior, CLMV tourist behavior, and seamless ASEAN policy.
- Spatial scope: select Udon Thani province and Nong Khai province as study areas because they are regional provinces that have the potential to be a hub for medical tourism, various health business operators, and hospitals have received international standards (JCI) and is accepted by Lao and Vietnamese tourists, accounting for 6.4 percent of the total number of foreign medical tourists. It is a group of tourists that has the highest growth in comparison with other nationalities among CLMV countries.

Research Findings

The structure of the medical tourism market in Thailand is divided into two groups: (1) Major medical tourism market groups, for example, foreign patients who intentionally receive medical services or groups of direct therapeutic tourists from Europe, the Middle East, and tourists from Asian countries such as China, Japan; and (2) Domestic medical tourists and tourists from neighboring countries. Due to the volatility of the global economy, the situation of major medical tourism markets is uncertain and slightly declining. Also, the number of patients from Middle Eastern countries tends to decrease due to the impact of changes in health insurance policies that reduce medical assistance abroad.

The report of Thailand's Department of Tourism (2018) [10] found that the number of tourists from CLMV countries tends to increase steadily from about 7.0 million people in 2013 to 13.6 million people in 2017, or an average growth rate of 18.0%per year, accounting for 38.4% of the total number of tourists in Thailand. The cross-border medical tourists from neighboring countries who receive medical treatment at public and private hospitals in Thailand have continuously increased by 18.68% per annum, with Burmese tourists having the highest share and Lao tourists having the highest growth rate. Anyway, some of them did not have enough money for treatment, and hospitals were unable to refuse treatment, resulting in mounting uncollectible health costs for the migrant population.

The results of the focus group on problems and issues of medical tourism in the regional provinces of Thailand are concluded as follows: 1) The impact of uncollectible health expenses caused by cross-border patients that Thai hospitals have to take a heavy burden and 2) The financial burden of hospitals; 3) The allocation of Thai public health resources to provide healthcare for the growing migrant populations results in increased workloads and budgets; and 4) Spread of communicable diseases caused by cross- border patients.

The outcomes of a focus group on problems and obstacles of medical tourism in the regional provinces of Thailand, it was found that: 1) Complaints about service quality, high service costs, and drug prices affect the credibility of overall health and medical business. According to statistics from 2014 to 2017, there were a total of 1,781 complaints about health services and public health, of which 53.79% were complaints and inquiries or requests for advice on benefits, followed by claims for damages from medical treatment 11.23%; failing to receive good services by public health standards or treatment standards 8.09%; being billed inappropriately or exceeding the specified amount 5.56%; not receiving reasonable convenience 5.39%; not being entitled to the rights required by law 5.28%; problems with transferring patients 3.14%; problems with utilizing emergency fund rights 3.09%; and others such as remedies for damages under the Car Accident Victims Protection Act, 1992 4.44%, respectively; 2) The shortage of doctors and medical personnel and rapid growth of the private hospital business attracted doctors and medical professionals from the public health and medical systems by giving higher remuneration and less workload. The Health Systems Research Institute (HSRI) indicated that the growing severe shortage of doctors was partly due to health insurance policies that tripled the service use of patients and added workload. It was found that the average ratio of doctors to the population in Bangkok is 2-3 times higher than in other provinces; 3) Intense competition among domestic and international competitors. Large enterprises from other businesses entered into the hospital business because they had the opportunity to earn stable long-term income with low risks. Currently, Thailand has more than 38,500 hospitals across the country. Of these, there are 23 public companies listed on the stock exchange, and 182 are businesses with a registered capital of more than 100 million baht. Most of these are Thai investments worth 115,231 million baht, accounting for 98% of all private hospitals, and 4) Supply chain management in the medical tourism industry. The current medical tourism industry needs to be connected with the private sector to be fully integrated, extending the production of goods and services, linking with other service businesses and related industries, such as the pharmaceutical, medical equipment, tourism, hotel,

restaurant, because it is a service business that requires manpower to fill the service gap between the hospital and foreign customers by acting as a coordinator and facilitating the bringing of foreign customers to receive medical services.

The guidelines for health system management to prepare for medical tourists from CLMV countries in the regional provinces of Thailand are as follows: 1) Preparation of government agencies, i.e. promoting specific target markets, create marketing cooperation with other businesses, support medical tourism, create a database and expertise of hospitals in Thailand, establish a center to facilitate medical tourists, develop foreign language skills for medical personnel at all levels medical production, make plans to train more physicians, amend relevant laws to allow foreign doctors to work longer in Thailand, implement flexible regulatory measures that combine between regulations of the Ethical Standards Committee with consumer participation mechanisms; 2) Preparation of relevant business entrepreneurs, for examples, health business operators should create a distinctive feature of medical services in specialized fields to be top of mind, focus on good quality treatment rather than business, implement word-of-mouth strategy to attract customers, jointly formulate a systematic supply management for the medical tourism business throughout the supply chain and improve investment in the business through connection of tourist areas and; 3) Preparation to support CLMV medical tourists, including adjusting the system to require medical expenses, strictly screening of treatment rights, international cooperation in management of the International Health Insurance Fund, set up an insurance system to cover both permanent border checkpoints and temporary border checkpoints. To create a connection between the international health insurance system and the "Medical Fund for the Uncovered Patients," it is recommended to consider separate groups of high-quality tourists and international patients who require humanitarian assistance. The service fees should be controlled to be appropriate and fair

DISCUSSION

Thailand's medical tourism business tends to expand exponentially as a result of the government's policy to develop the country as a medical hub. Moreover, demands for medical services among foreign patients have also increased. Likewise, Maneerot (2015) [11] stated that the announcement of the policy and setting of the economic position of Thailand as the health center of Asia concretely propelled the medical tourism business. There are more than 256 private hospital businesses that have the potential to support foreign customers. Similarly, Chulalongkorn University Intellectual Property Institute (2017) stated that the value of the medical tourism market in South Asia and Southeast Asia is expanding on average 28% per annum with a total market value of 45.5-72.0 billion U.S. dollars, and health technology will become a key driving force in the future. Horowitz & Resensweig (2008) [12]. Horowitz and Resensweig (2008) mentioned that medical tourism resulted in the expansion of medical technology investment and the reduction of health inequalities between areas in all regions.

Kieanwatana et al. (2018) [13] said that the medical tourism businesses in Thailand gain advantages due to various factors: professional medical personnel, international services with lower costs, and diversified tourist attractions. The study by Srirampornekkul (2018) [14] pointed out that major customers are foreigners who travel to receive medical services in Thai hospitals. Most of them are high-quality tourists from Japan, the Middle East, Europe, and the United States. They always give priority to quality and service standards under a fair price as the first priority. On the other hand, cross-border patients from neighboring countries focus on qualities and standards rather than price when compared to healthcare facilities in their own country.

The medical tourism services in Thailand, for example, health check-ups, surgery, dentistry, orthopedic surgery, and heart surgery, are sought-after. Na Thalang et al. (2018) [15] mentioned that medical services, for instance, cosmetic surgery, dentistry, heart surgery, orthopedic, gender affirmation surgery, obesity treatment, organ transplantation, eye surgery, and physical examination, are widely accepted.

The key factors that make Thai medical services popular among foreigners comprise reasonable medical fees, physician and hospital availability, personnel with specific expertise, modern technology, hospitality, and widely accepted service quality. This proved that the competitiveness of the Thai healthcare business is a key pull factor for cross-border patients to use services in Thailand under the perception that there are medical personnel who are good at treating difficult diseases. Those who cross borders to use services are primarily concerned with the quality of health services as they know that they will receive better quality services in Thailand than in neighboring countries.

Na Thalang et al. (2018) said that hospitals and nursing homes are expanding in major regional provinces and tourist cities as well as border provinces. Lertputtharak (2013) found that trade in border areas with neighboring countries allows the flow of people and goods. Some cross the border to receive medical treatment at both public hospitals and private hospitals in Thailand. However, they don't have enough money for treatment expenses, and hospitals are unable to refuse treatment for humanitarian reasons. This causes

uncovered health costs from cross-border patients. According to a study by the Department of Health Service Support (2019), it was found that health expenditures of aliens in Thai border provinces in the fiscal year of 2015 increased by 3.9 times. This causes hospitals in border areas to bear heavy health expenses of aliens, resulting in uncovered health expenses of aliens, including (1) Financial burdens, (2) Thailand's health resources allocated to aliens, and (3) Commutable diseases from cross-border labor to Thailand. These problems likely come from lower-income aliens due to health inequality between Thailand and neighboring countries. There are two types of health needs of people from neighboring countries: needs for increased opportunities to access quality health services and needs for better health services from specialized doctors.

Due to problems of disparity in the health of people in CLMV countries and Thailand, both the level of development of health resources and cross-border infrastructure are needed to receive medical treatment at public and private hospitals in Thailand. As a result, people from neighboring countries cross the border to receive services in Thailand. Some of them do not have money for treatment, while hospitals cannot refuse treatment for humanitarian reasons. This creates heavy burdens for uncovered health costs of foreign patients and becomes the cost of health expenses that the Thai government has to bear. Sangkakorn (2010) [16] explained the causes of demand that the coverage of public health services in CLMV countries is still low. (Laos at 15%, Cambodia at 24%, Vietnam at 65%, and Myanmar without data). The opening up of cross-border travel will allow patients from CLMV countries easier and more convenient access to medical services in Thailand, especially in border provinces.

Chokriensukchai (2016) [17] proposed that the management model of the border health system in Thailand's Tak Special Economic Zone consisted of four systems, namely health service and medical care system, disease monitoring, prevention and control system, control system for health products and private health services, and environmental health system. Some problems and obstacles may affect the medical tourism business from the medical tourism group in provincial areas due to the increase in demand across borders to receive medical services in the country, resulting from positive attitudes towards the quality of public health in Thailand. Similarly, Rungruangphon (2015) [18] explained that the major factors affecting the decisions of Lao patients to use health services in Thailand are the perception of the difference in service quality between Thailand and Lao PDR, financial potential, and travel distance to use the service.

Kieanwatana et al. (2018) stated that the growth of medical tourism required leading private hospitals to engage specialized doctors and medical personnel to provide services for medical tourists. As a result, the resignation of medical staff and the disparity of the number of doctors per population between the areas causes a disparity of medical resources between Bangkok and other provinces. As for the issue of supply chain management, the medical tourism businesses are still not coordinated with each other. Maneerot (2015) explained that hospitals are the main providers of services in medical tourism. Various related businesses are likely to grow further, such as health agency/consultant business. According to a study by Ariyasat and Manprasert (2015) [19], it was proposed that travel companies should develop communication channels between them and hotels and hospitals, create a network to coordinate in providing services and information to service users and eliminate communication and language barriers.

CONCLUSION

The suggestions for developing medical tourism to support tourists from CLMV countries in the regional provinces of Thailand are concluded as follows:

- Practical short-term factors include promoting targeted niche markets, establishing marketing partnerships with other businesses, supporting medical tourism, making a database of expertise of hospitals in Thailand, establishing a center to facilitate medical tourists, and developing foreign language skills for medical personnel. In addition, it is recommended to amend relevant laws to allow foreigners to work longer in Thailand and not be required to take the vocational certificate in Thailand. Likewise, relatives or dependents of patients are permitted to stay in Thailand longer.
- Long-term plan to train doctors with specialized expertise, especially international programs, promote research, development, and production of medical equipment and medical supplies, encourage private hospitals in Thailand to be certified under the Joint Commission International (JCI), establish a one-stop service agency to promote medical tourism, develop and build an infrastructure system connecting routes between major cities and small cities to facilitate travel and rehabilitation places for patients and relatives who will travel to various tourist attractions in Thailand.

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CONFLICT OF INTEREST

There is no conflict of interest in this research.

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