# Challenges and Opportunities for Medical Tourism in India

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#### Abstract

"Yogashemam Vahamyaham"- A Nobel Sanskrit verse highlights the importance of health. Bharath is the nation that gave the world of medicine its first surgeon- Maharshi Shushruth. From the beginning of this century, India has emerged as one of the best, reliable and regulated country for medical treatment. Over the years, progress in developing medical technologies and cost-effective world-class treatments has ensured India became a global hub for treatment in the medical field. The treatment provided is from accredited facilities at par with any developed country in the world at a much cheaper cost is what is making Medical Value tourism (MVT) a competitive advantage over others. With several big investments being made in this sector, the functioning of the industry has become more professional, organized, and efficient. Besides the urgent need for quality treatment services, people worldwide are making India the focal point for cost-effective facilities available.

With the integration of surplus talent, technology, tourist attraction, trade, and tradition, India is a potential place to promote itself as a *premier global healthcare* destination and enable streamlined medical services. Even though Asian countries like Thailand, Malaysia, and Singapore have started moving ahead of India, the distinct healthcare features, and the initiatives taken by India's prime minister, exponential growth is confirmed in the upcoming years. The overall healthcare market is expected to boom three times, from USD 100 billion to USD 300 billion by 2020. The Indian medical tourism will reach USD 10 to 15 billion, with four times the growth in the IT market.

This research paper aims to understand the reasons for the growth of medical tourism in India, the government, and corporate hospitals in promoting Medical tourism. Research throws light on Challenges and road maps ahead for the growth of the medical tourism of India.

Keywords: Medical tourism, Indian Economy, Stakeholder of Medical tourism, Growth enablers. Challenges, the road map for potential growth

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# INTRODUCTION:-

The healthcare system consists of multiple stakeholders, including the government, service (health care) providers, payers, pharmaceutical, and medical devices firms. Each plays a vital role in the health care system in India. However, interactions between various stakeholders have remained limited. Healthcare in India has assumed a more dynamic form over the last few years – offering exciting opportunities for new reforms and improving stagnant indicators addressing concerns of access, affordability, and quality across different population groups.

An ecosystem of innovations for world-class healthcare delivery, driven by private providers, is developing in India. The country is establishing new global standards for cost, quality, and delivery, through its breakthrough innovations in healthcare. The other end of the spectrum is witnessing several innovations to increase access and improve the quality of health services for the poor and unreached at affordable costs. The last couple of years have seen a rapid increase of private equity and venture capital funds available for entrepreneurs in healthcare, which has enabled scale-up of some of these new interesting models of providing healthcare.

To leverage the healthcare growth story, the industry is now reshaping and redefining the very concept of "healthcare." It has moved far beyond curative clinical practice (focused on episodic care) to embrace prevention, wellness, and the concept of the "holistic care" through the pervasive health continuum.

### CONTRIBUTION OF MEDICAL TOURISM TO THE INDIAN ECONOMY:

Many hospitals in India are accredited by international institutions and are offering worldclass treatment at that cost, which is comparatively 40-50% less than that of any European country can offer. Acknowledging the significance of medical tourism in India, Government is trying to persuade the international tourist traffic by offering a medical visa. Generally, a medical visa is valid for one year or the period of treatment, whichever is less. The period of medical visas can further be extended for one year with the permission of the state government. India offers not only medical treatment but also other rejuvenating services such as yoga, meditation, herbal therapies, and other skin treatments, which could uplift the mood and enhance the health of medical tourists. As a result, India is receiving many international tourists who are coming to gain the rejuvenating benefits. In 2012<sup>1</sup>, India has received a total of 180,000 foreign health tourists. It is estimated that it will grow at a Compound Annual Growth Rate of over 19% and reach up to 1.8 million by 2015. Tourism in India is also one of the fast revenue-generating industry and contributing around 5.92% to the National GDP<sup>2</sup> and providing employment to over 9.24% of the total country's workforce. To promote tourism in the Indian government is introducing various kinds of tax deductions and exemptions to attract foreign investors to invest in the tourism sector and also providing various kinds of incentives to persuade them. In its Union-Budget 2010-2011, the Government of India has introduced a scheme of the tax deduction to establish new, especially 2-Star category hotels in the country. Medical Tourism in India is playing a vital role in improving the economic and social status of society. According to a study by McKinsey & Company and the Confederation of Indian Industry, India will receive a \$1 billion business by 2012 from medical tourism, which is 1% of the total worldwide revenue generated by medical tourism. The total revenue generated from medical tourism in the year 2004 worldwide was \$40 billion, which has increased up to \$60 billion in the year 2006. McKinsey& Company<sup>3</sup> estimates that it will rise to \$160 billion by the end of 2016.

# **KEY FEATURES OF MEDICAL TOURISM IN INDIA:**

The following are the top 5 factors of the strength of Indian medical tourism which makes it to emerge as a pioneer in the global industry.

- Top quality healthcare services at a low cost
- Expert team of professional doctors
- High end medical & health care facilities
- 100% Trustworthy
- 100% success rate

As per the market research report "Booming Medical Tourism in India"<sup>34,</sup> India's share in the global medical tourism industry will reach around 5% by the end of 2014. Moreover, medical tourism is expected to generate revenue worth US\$ 5 Billion by 2014, growing at a CAGR of around 26% during 2011–2013. The number of medical tourists is anticipated to grow at a CAGR of over 19% during the forecast period to reach 1.8 Million by 2014. It is also found that India represents the most potential medical tourism market in the world. In addition to modern medicine, indigenous or traditional medical practitioners are providing their services across the country. There are over 3,371 hospitals and around 7,54,985 registered practitioners catering to the needs of traditional Indian healthcare. Indian hotels are also entering the wellness services market by collaborating with professional organizations in a range of wellness fields and offering spas and ayurvedic massages.

# ROLE OF GOVERNMENT IN PROMOTING MEDICAL TOURISM:

Ministry of Health and Family Welfare and the Ministry of Tourism have jointly formed a Task Force intending to promote India as a Health Destination for persons across the globe to enable them to gainfully utilize the health care expertise and infrastructure available in the country. The aim is to expand the range of tourism products in India, both for the domestic and international markets. For this, the streamlining of the immigration process for medical visitors is necessary. In this connection, the Government of India has introduced a new category of Medical Visa (M-Visa), which can be given for specific period to foreign tourists coming to India for medical treatment. The uplifting government policies in India provide added advantage. The government-led initiatives and campaigns such as Incredible India!, Colours of India<sup>5</sup>, Atithi Devo Bhavah, and the Wellness Campaign for promoting the Indian tourism and hospitality industry adds to the creation of appeal<sup>4</sup> the foreign tourists. The Ministry of Tourism India (MoT) is planning to extend it is Market Development Assistance (MDA) scheme to cover Joint Commission International (JCI) and National Accreditation Board of Hospitals (NABH) certified hospitals. JCI stands for Joint Commission International and is a nongovernmental organization that provides hospitals worldwide with accreditation

4.Report published by Indian institute of Tourism and travel Management, 2011

# **PRIVATE SECTOR PARTICIPATION:**

The private sector should work in tandem with the government on PPP initiatives to educate the later for developing more sustainable and profitable delivery models:

- 1. Provide Hub and Spoke models for both treatment and diagnostic care delivery
- 2. Take on the responsibility of Medical Education, which includes medical n of sectionals, nursing, and paramedical staff
- 3. To form a common healthcare forum/platform to corroborate all efforts which require policy decision changes, which would be giving more lobbying power.
- 4. Encourage and extend CSR interventions in cross-functional formats for capacity building of the public sector personnel. This can be done through exchange programs, CME's, short stay certifications in areas like hospital administration, quality controls, specialized nursing care like intensive care, operation theatre, high-end diagnostics techniques, and reporting for laboratory medicine and radiology CT / MRI scans, interventional radiology, etc.
- 5. Encourage the provision of local medical staff for short durations or on specific programs Work with the government to encourage better penetration and utilization of health insurance schemes within their setups – encourage accreditation, make it mandatory for credentialing of Medical Professionals while recruiting/ appointing to help ensure quality standards.

# Enablers for Growth of Medical Tourism in India:

1. Medicine Insurance Coverage:

In recent years, there has been a liberalization of the Indian healthcare sector to allow for a much-needed private insurance market to emerge. According to a study by the New Delhi-based Ph.D. Chamber of Commerce and Industry, healthcare insurance is projected to grow up to USD 5.75 billion in the next few years. Moreover, the Insurance Regulatory and Development Authority (IRDA)<sup>5</sup> eliminated tariffs on general insurance as of January 1, 2007. Removal of tariffs will result in wider acceptance of individual health coverage, making healthcare more affordable to larger segments of the populace. Another challenge is that the foreign insurance companies are not willing to extend their coverage for treatments in low-cost countries such as India due to concerns about the quality of health services offered. The insurers are also concerned with the absence of malpractice law in a foreign jurisdiction, in which case the patient will have no recourse to his/her healthcare expenses. Indian policymakers need to find ways to improve upon the existing situation in the health sector and to make equitable, affordable, and quality health care accessible to medical tourists.

2. Research in Medicine and Pharmaceutical Sciences:

Horowitz and Rosenstein (2007)<sup>6</sup> identified India as one of the preferred medical tourism destinations. The growth in foreign patient arrivals to India has usually been pegged at twenty-five percent annually. Therefore, medical tourism providers seek to develop clinical practice guidelines and foster effective interventions to improve the quality of care for the medical tourists. Research in medicine also measures complex aspects of the healthcare delivery system and patient perceptions of quality of care (Eccles et al., 2003), one of the critical issues in medical tourism

# 3. Medical Tourism Market:

According to George and Nedelea (2009)<sup>75</sup>, countries like India, Mexico, Singapore, Brazil, Philippines, etc. are actively promoting medical tourism. Generally, medical tourists are the resident

<sup>6.</sup> Horowitz, M., and Rosensweig, J. (2007). Medical tourism-health care in the global economy. The Physician Executive, 33(6), 24-30

of developed industrialized countries, and they contribute towards major revenue earnings for many of the countries providing medical tourism. India provides world-class healthcare at substantially less cost. Based on 2002 data, inpatient knee surgery would cost USD 10,000 in the USA and only USD 1500 at hospitals in India (Matto and Rathindran, 2006). The low-cost solutions alone may not be enough to bring in international tourists for undergoing healthcare treatments in India. The negative perceptions about the Indian medical tourism market concerning hygiene standards, prevalence of contagious diseases in India, quality of healthcare services provided, and waste management practices counter the positive vibes created by the cost competitiveness of the Indian healthcare system. Other infrastructure associated problems such as shortage of air linkages, power, water, and traffic congestions also affect the flow of healthcare tourists towards India.

#### 4. Healthcare Infrastructure Facilities:

Healthcare infrastructure indicators of India vis-à-vis developed countries highlight the disparity and areas for improvement. Bhargava et al. (2005)<sup>8</sup> have pointed out that healthcare infrastructure facilities and quality of services depend on economic development in the region. This would require sizeable investments for strengthening, upgrading, and expanding the medical tourism health infrastructure in India. India needs to upgrade the healthcare infrastructure facilities concerning improving sanitation standards, health awareness, availability of safe drinking water, and nutrition. The government's role in improving the national health indicators should be reiterated through increase in government's budget for medical tourism. Today, there has been a rapid rise in private providers of healthcare (Peters et al., 2002)<sup>9</sup>. The Health Ministry must encourage the private player's active participation through benevolent tax structure and fiscal incentives. The concept of telemedicine should be promoted in an attractive manner in order to make more number of players to participate.

### 5. International Healthcare Collaboration:

The International healthcare collaboration normally gears towards improving health care access and quality of care across racially and ethnically diverse populations. International healthcare collaboration helps the medical tourism providers in improving their overall efficiency and management of healthcare services.

#### 6. Global Competition:

Global competition is emerging in the medical tourism industry. The patients of developed countries want to avail health care facilities overseas on a competitive basis and combine recreational facilities during their stay. In 2005, an estimated 500,000 Americans traveled abroad for treatment. Four hundred thousand international patients traveled to Bumrungrad International Hospital in Bangkok, Thailand, out of which 55,000 were Americans (Cohen, 2010)<sup>11.</sup> In 2004, 1.2 million patients traveled to India for healthcare (Schult, 2006,)<sup>12</sup>. India has also seen a growth in the number of Spas in the last few years. The growth in Spas in India is also luring the medical tourists to visit some less-visited corners of India. This has also led to the growth of Indian traditional healthcare systems in the domestic as well as in the international scenario.

# 7. Transplantation Law:

7.George, B. P. and Nedelea, A. (2009). Medical tourism: An analysis with special reference to its current practice in India. International Journal of Leisure and Tourism Marketing, 1(2), 173-182.

8. Bhargava, A., Chowdhury, S. and Singh, K. K. (2005). Healthcare infrastructure, contraceptive use and infant mortality in Uttar Pradesh, India. Economics and Human Biology, 3(3), 388-404.

Organ transplantation is a revolution in medical tourism as it has helped in saving the lives of those who would have died otherwise. Kidney, liver, heart, lung, pancreas, and small bowel are some of the organs donated for an organ transplant (Acharya, 1994).<sup>13</sup> The Human Organs Transplant Act (1994) has laid down various regulations that have to be followed while conducting the organ transplantation in India. According to the Act, any unrelated donor has to file an affidavit in the court stating that the organ is being donated out of affection. The Act does not permit medical tourists to India availing organs from a local donor. According to a survey by the World Health Organization, Transplantation tourism is emerging in the world scenario with an increasing number of patients moving to other destinations like Singapore, where the transplantation laws are less rigid.

### 8. Top Management Commitment:

According to Bergman and Klefsjo (2007)<sup>147</sup>, quality management calls for top management commitment. From the management"s perspective, the medical tourism field would benefit from expanding its current interpretation of structure to include broader perspectives on organizational capabilities. Effective organizational capabilities such as leadership, human capital, information management systems, and group dynamics are essential structural elements of quality improvement in a health-care organization (Glickma et al., 2007)<sup>15</sup>. Quality management has become a priority for senior executives and chief medical officers for successful medical tourism services. These leaders produce ideas, convey new ideologies, and propagate them throughout their organization.

# 9. National Healthcare Policy:

The government of India has announced a national health policy and a national tourism policy in 2002<sup>20</sup>. Some references have been made in the national tourism policy concerning India's potential to tap the tourism market using its healthcare skills, including the traditional wellness systems. The realistic formulation of health policies and programs requires a better understanding of health care seeking behavior in utilizing different sources of care (Bhatia and Cleland, 2001)<sup>16</sup>. Therefore, there is a need for a specific policy focusing on promoting healthcare tourism by clearly identifying the roles of various segments of players. This would require coordination between the two major government departments viz., Tourism, and health. Consultations may also be necessary with other departments/agencies/organizations such as the Ministry of External Affairs, immigration department, tourism promotion organizations, state governments, Indian healthcare federation, the association of travel agents, tour operators, and hotels. The real change in the pharmaceutical science arrived in the mid-1990s when India signed the World Trade Organization (WTO) TRIPS agreement (Trade-Related Aspects of Intellectual Property Rights). As a result of signing this agreement, India began its serious innovative research in Pharmaceutical Science.

# 10. Competent Medical and Para-medical Staff:

India has over 600,000 physicians with a density of 0.60 physicians per 1000<sup>17</sup> population. However, there is a shortage of qualified specialist nurses and paramedical professionals and so qualified hospital administrators. The number of nurses per doctor in India is estimated to be 1.33 as compared to 5.27 in UK and 4.67 in Canada. Thailand, another developing country competing in the

16.Official Website of Ministry of Health, GOI

<sup>14.</sup>Bergman, B. and Klefsjö, B. (2007). Quality from customer needs to customer satisfaction. Studentlitteratur, Lund: ASQ Quality Press.

<sup>15.</sup>Glickma, S. W., Baggett, K. A., Krubert, C. G., Peterson, E. D. and Schulman, K. A. (2007). Promoting quality: The health-care organization from a management perspective. International Journal for Quality in Health Care, 19(6), 341-348.

<sup>17.</sup>Bhatia, J. C. and Cleland, J. (2001). Health-care seeking and expenditure by young Indian mothers in the public and private sectors. Health Policy and Planning, 16(1), 55-61.

world healthcare tourism market, has 7.64 nurses per doctor. One of the main reasons for the low ratio of nurses to doctors in India is the cross-border movement of nursing professionals from India.

### CHALLENGES FOR MEDICAL TOURISM IN INDIA:

Most of the foreigners treated in India come from other developing countries in Asia, Africa, or the Middle East, where top-quality hospitals and health professionals are often hard to find. Patients from the United States and Europe still are relatively rare -- not only because of the distance they must travel but also, hospital executives acknowledge because India continues to suffer from an image of poverty and poor hygiene that discourages many patients. India's health care system is hardly a model, with barely four doctors for every 10,000 people, compared with 27 in the United States, according to the World Bank. Health care accounts for just 5.1 percent of India's gross domestic product, against 14 percent in the United States. The following are some of the challenges of the fast pacing medical industry in India-

#### 1. Lack of proper infrastructure, amenities, access, and connectivity:

Infrastructure needs for the travel and tourism industry range from physical infrastructures such as ports of entry to modes of transport to urban infrastructures such as access roads, electricity, water supply, sewerage, and telecommunication. The sectors related to the travel and tourism industry include airlines, surface transport, accommodation (hotels), and infrastructure and facilitation systems, among others. However, infrastructure facilities such as air, rail, road connectivity, and hospitality services at these destinations and the connecting cities are inadequate. This remains a major hurdle for the development of tourism Amenities include basic amenities such as drinking water, well maintained and clean waiting rooms and toilets, first aid and wayside amenities (to meet the requirement of the tourists traveling to tourist destinations) such as lounge, cafeteria, and parking facilities, among others needs to be improved India scores poorly in terms of availability of these infrastructure facilities. Inadequate infrastructure facilities affect inbound tourism and also could lead to an increase in the outflow of domestic tourists from India to other competitive neighboring countries. Hence, for the industry to register healthy growth, issues concerning all the related sectors need to be addressed.

#### 2. Service level:

In addition to hospital staff, the degree of service offered by these various stakeholders has a significant impact on determining the tourist's overall experience of India as a tourist destination. The government has taken initiatives to promote responsible tourism by sensitizing key stakeholders of the tourism industry through training and orientation, to develop a sense of responsibility towards tourists and inspire the confidence of foreign tourists in India as a preferred destination.

#### 3. Marketing and Promotion:

Marketing and promotion of India as a major medical tourism destination is critical for the industry to achieve its potential. Lack of adequate budgetary support for promotion and marketing, compared with competing tourist destinations, is a major reason for India lagging behind its competitors. Marketing under the "Incredible India" campaign helped place India as a good tourist destination on the global tourism map. India needs to change its traditional marketing approach to a more competitive and modern approach. There is a need to develop a unique market position, and the brand positioning statement should capture the essence of the country's tourism products. I.e., they should be able to convey an image of the product to a potential customer.

# 4. Security:

Security has been a major problem as well for the growth of tourism for many years. Terrorist attacks or political unrest in different parts of the country have adversely affected the sentiments of foreign tourists. Terror attacks at Mumbai in November 2008 dealt a strong blow to tourism in the

country. The terror attacks raised safety concerns. Besides, an insurgency in different parts of the country also mars India's image as a safe destination.

### 5. Regulatory issues:

For inbound international tourists, visa procedures are seen as a hindrance. Many countries competing with India for tourists provide visas on arrival. India should provide visas on arrival for more countries or certain categories of tourists for a specific duration. There is a greater need for speedier clearances and approvals for all projects related to the industry.

# FUTURE PROSPECTS OF THE INDUSTRY:

The travel and tourism demand is expected to reach US\$ 266.1 bn ( $^{14,601.7}$  bn) by the end of 2019. During 2004–2009, travel and tourism demand in India increased at a compound annual growth rate (CAGR) of 16.4% to US\$ 91.7 bn ( $^{14,412.7}$  bn), and foreign exchange earnings from tourism increased ~13% to US\$ 11.39 bn.<sup>18</sup>

# TWELVE SUGGESTIVE NOBLE WAYS TO GET MORE PATIENTS:

1. Put yourself in your patient's shoes: It is a basic and commonsensical concept. Sometimes it should be spent every day thinking from the patient's point of view. It may be difficult, but it will mean more sales of hospital services.

- $\blacktriangleright$  Listen to the patients
- $\blacktriangleright$  Ask questions from them
- $\blacktriangleright$  Do something extra for each patient
- $\blacktriangleright$  Admit mistakes to the patients gracefully.

2. Patient Satisfaction: A patient can take away his business to a hospital wherever he gets better value for his money and better service. He does not have to give reasons for his action. It is his money, and he can spend it where he likes or the way he likes. Technicians and assistants in the hospitals are people, and if they are not satisfied, one can never have satisfied patients. This is a simple but often ignored fact. Many hospitals have succeeded without proper medical facilities, none without proper technicians. Employees with average intelligence and initiative, when treated with respect and dignity as individuals, given training and motivation, will turn out to be good technicians.

3. Continuous communication with the patients: Communication with the prospects and the patients is the core of good marketing. How to achieve it? There is no magic wand in the world that will help achieve it; only patience and persistence pays. Each employee should be trained to be a good listener to the patients when they come into the hospital or write to the hospital. This includes encouraging the patients to open up and express themselves clearly. In our country, with so many festivals for *Devis* and *Devatas*, a health provider has several 'excuses' to send a postcard to his patients. The postcards can contain simple messages to help patients. And when a patient comes in, he should be helped. Otherwise it will result in stinking publicity. A promotional mailer can be so fine tuned that it can reach the individual on his birthday, on his anniversary and so on.

4. Patient-oriented hospital: It is not a simple task but can be done by following the patient by patient approach. When does a hospital become patient-oriented. As soon as the facility starts rendering, through this thoughts and action, the best possible service reaches patient. This way, a hospital becomes great for its patients. Patients do not like to come to a big hospital where they get lost, but they love coming to a great hospital to be given the best possible attention. Also, a big hospital does not necessarily make more profits than a great hospital.

5. Patient-oriented policies and procedures: A hospital exists so long as the patients keep on coming. Hospital policies and procedures, even if the best business management professor has given them, are suicidal if they inconvenience the patients.

6. Patients must be given the best possible services: Patients should be given "USA" - Unique Service Advantage – and once they get it, they will become repeat patients and bring more patients. It simply means some extra and individual care to show that the business of patients mattes a lot for the hospital. Maybe the best equipment can be installed, and the hospital is opened for longer hours for the convenience of patients, and so on. It also involves studying the competitors and starting serving the patients better.

7. Patients want answers to their problems; Patients are not impressed by the 3 Cs: A hospital where the patients get answers to their problems is a better "mousetrap" than a hospital where the patient's problems don't get solved. Patients are not impressed by the carpets, chrome, and chandeliers (3Cs) in the hospital. Patients will flock to that hospital, which follows a more helpful attitude. The 3Cs won't help if they are shown the rules and regulations whenever they come with problems. A health provider should not only work harder to satisfy his patients but must also appear to be doing so. Patients with complaints must immediately feel that they are still welcome – rather more welcome- than when they had come in the first place. A bit of additional consideration is required to convince the patients that they are wanted at the hospital.

8. Listen, listen, listen ..... to your patients: The patients should be given a proper hearing. Very often, their complaints are like burning embers and, if ignored, may become huge fires, or on the other hand, can be turned into ashes by merely dropping a few drops of cold water in the form of an instant helpful attitude. If properly attended to, complaints can be turned into opportunities. A health facility that wants to earn a good reputation, in the long run, ensures that the patients are encouraged to lodge complaints, and each complaint is fully investigated.

9. Each employee should visit patients: In a health facility, every employee does something – directly or indirectly for the patients. Otherwise, he does not have a right to be on the payroll of the hospital. If so, how is it that some employees never see the faces of their patients, at least, not away from the hospital? In the hospital, a selling atmosphere should be created wherein every employee can market the services.

10. Checking with patients about employee's attitudes: Why customers (patients) quit?

- ➤ 1% Die
- ➢ 3% Move away
- ➢ 5% Form other friendships
- 9% For competitive reasons
- ➢ 14% Because of product dissatisfaction
- ▶ 68% Quit because of an attitude of indifference towards the customer by some employees

Notice the last line carefully. A continuous follow-up, therefore, should be done with the patients to find out how they feel about the hospital employees and how they treat them.

11. Solve the small problems of patients today: A hospital is not a bed of roses. Of course, most of us feel that it is a bed of roses when we see it from a distance. It is only when we touch the bush to pluck the roses that we get pricked by the thorns too. And every hospital must learn how to handle difficult patients with extra care. A difficult patient is like a dark cloud with a silver lining. He presents an opportunity in disguise to test the hospital's orientation to him. Fortunately, patients are people, and the rule of 80:20 applies to them too, i.e., 80 percent of patients are reasonable, and they forgive very quickly. In comparison, it is only 20 percent who carry their grievances on and on.

12. Dissatisfied patients are the best teacher: One can never please 100 percent of patients, 100 percent of the time, and 100 percent of the days. If one can do so, it is either a seller's market or he is a genius, or he is not taking takeable risks. Generally, for an average hospital, one-third of patients are very satisfied, another one-third are reasonably satisfied, and the balance one third is not fully satisfied. It may be 10 percent are fully dissatisfied. These dissatisfied patients should be searched for,

and once they are located, one- third of the problems are solved. Close attention should be paid to every word they say and it should be noted down. This conveys that personal interest is being taken in the matter. The objective is not to win the argument but to come to an agreement that satisfies a dissatisfied patient.

#### CONCLUSION:

World-class treatment & highly advanced healthcare infrastructure have contributed tremendously to the growth of medical tourism in India. Technological development and complex advancements in software industry in India has facilitated a technological revolution in healthcare. After software, the healthcare industry is the next big thing in India & contributes majorly to India's fast-growing economy. India's medical force boasts of a high intellectual resource pooled in by highly skilled & qualified professionals. A fast-growing economy has led to privatization & corporatization in healthcare, thereby leading to the setting up of world-class hospitals that provide highly advanced treatment facilities through high-end technology & world-class doctors. Low operating costs, high resources & highly qualified English-speaking human resources have made India the hub for Research & Development and clinical trials, thereby contributing primarily to the healthcare infrastructure.

# REFERENCE:

- 1. Annual report of Frost & Sullivan, 2019
- 2. Annual Report of McKinsey and Company, 2013
- 3. Annual Report of McKinsey and Company, 2016
- 4. The report published by the Indian Institute of Tourism and Travel Management, 2011
- 5. Official website of IRDA
- 6. Horowitz, M., and Rosensweig, J. (2007). Medical tourism-health care in the global economy. The Physician Executive, 33(6), 24-30
- 7. George, B. P., and Nedelea, A. (2009). Medical tourism: An analysis with special reference to its current practice in India. International Journal of Leisure and Tourism Marketing, 1(2), 173-182.
- 8. Bhargava, A., Chowdhury, S., and Singh, K. K. (2005). Healthcare infrastructure, contraceptive use, and infant mortality in Uttar Pradesh, India. Economics and Human Biology, 3(3), 388-404.
- 9. Peters, D., Yazbeck, A., Sharma, R., Ramana, G., Pritchett, L., and Wagstaff, A. (2002). Better health systems for India's poor. Washington, DC., USA: World Bank.
- 10. Sarin, R., and Lodge, M. (2007). The Cochrane cancer network: Deliverables for the developing world. Journal of Cancer Research and Therapeutics, 3(2), 69-70.
- 11. Cohen, G. (2010). Medical tourism: The view from ten thousand feet. Hastings Center Report, 40(2), 11-12.
- 12. Schult, J. (2006). Beauty from afar-a medical tourist's guide to affordable and quality cosmetic care outside the U.S. New York, NY: Stewart.
- 13. Acharya, V. N. (1994). Status of renal transplant in India. Journal of Postgraduate Medicine, 40(3), 158-161.

- 14. Bergman, B., and Klefsjö, B. (2007). Quality from customer needs to customer satisfaction. Studentlitteratur, Lund: ASQ Quality Press.
- 15. Glickma, S. W., Baggett, K. A., Krubert, C. G., Peterson, E. D., and Schulman, K. A. (2007). Promoting quality: The health-care organization from a management perspective. International Journal for Quality in Health Care, 19(6), 341-348.
- 16. Official Website of Ministry of Health, GOI
- 17. Bhatia, J. C., and Cleland, J. (2001). Health-care seeking and expenditure by young Indian mothers in the public and private sectors. Health Policy and Planning, 16(1), 55-61.
- 18. Official Website of Ministry of Health. GOI

Websites referred:

- 1. http://www.kpmg.com/in/en/industry/pages/healthcare.aspx
- 2. http://www.deloitte.com/assets/Dcom
- 3. http://www.kpmg.com/IN/en/IssuesAndInsights/ThoughtLeadership/Emrging\_trends\_in\_h ealthcare.pdf
- 4. http://gyananalytics.com/Snapshot%20and%20TOC
- 5. http://www.dinodiacapital.com/pdfs/Indian%20Healthcare%20Industry,%