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NOVEL CONCEPTS IN THE HEALTH TOURISM INDUSTRY

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Abstract
As of today, there is a growing demand for health tourism services in the tourism industry; and according to the forecasts, the cooperation between high quality health service providers and international tourism has a huge potential. The trends within health tourism are affected not only by the quality of the services, but also by the increase of health awareness. Due to the different development paths within the health tourism system, a wide variety of services and destinations is available for consumers. In the past decades, specialisation has been the most important feature of health tourism development; and as a result, there are significant differences in the services, venues and destinations offered by tourism businesses. While the health tourism industry in Asia mainly focuses on high-profit surgery services, the industry within the European Union offers services that are based on the traditions and the history of the region. Health tourism has become one of the most versatile industries, and with the results of the digital revolution, we can predict the emergence of further new and innovative solutions. E-Health and other digital services are opening new horizons for the industry; and there is also a huge potential in re-thinking the exploitation of the already existing resources. Creativity and innovation are just as important in health tourism as in any other industry. In the digital era, there is a huge opportunity in combining the fragments of already existing solutions, and create novel products in order to maximise their benefits.
KEY WORDS: health tourism, medical tourism, Asia, Europe, e-Health.

Introduction

Health tourism is an enormous international business industry, where continents, countries, regions, destinations and thousands of service providers compete with each other. Health tourism covers a wide range of activities, and there are differences in the quality of the services at the destinations. Health tourism service providers might specialise in multiple fields, but as of today, medical tourism is the fastest developing and more profitable sector out of the two main braches of health tourism (Table1).

Unlike the national social security systems in Europe or the private insurance model in North-America, medical tourism offers medical procedures and services based on the demands of the market, and without the inclusion of insurance companies. The fastest growing countries that probably make the highest profit in the medical tourism industry are in Asia: India, Singapore, Taiwan and Thailand offer increasingly higher quality services at more and more affordable prices.

Beyond the Asian countries, Brazil, Turkey and Russia are the newest competitors in the industry. In these countries, patients have the opportunity to try unconventional and experimental procedures at their own risk. These untraditional methods are quite popular, especially when by opting for experimental therapies, patients can skip the long waiting lists in their home countries. Another great advantage of these services is the different legislative background, which enables patients to participate in the therapies easier.

Table 1. Ranking of most popular medical tourism internet searches (2005 and 2015)

Ranking	2005	2015.
1.	Cosmetic surgery	**Organ, cell and tissue transplantation**
2.	Dentistry	Cardiology/cardiac surgery
3.	Eye surgery	Dentistry
4.	Cardiology/ cardiac surgery	Fertility/ reproductive system
5.	Bariatric surgery	Eye surgery
6.	Orthopaedic surgery	Cancer treatment
7.	Fertility/ reproductive system	Weight-loss surgery
8.	Liposuction	Cosmetic surgery
9.	Diagnostics and check-ups	Orthopaedic surgery
10.	**Organ, cell and tissue transplantation**	Bariatric surgery

Source: International Medical Travel Journal[1]

The health tourism industry has to be able to adapt to a continuously changing environment, where the sudden economic and social changes can modify the whole scheme overnight. The real challenge does not lie in the day-to-day operation of the services: but to be able to keep their advantage in the competition, stakeholders

[1] https://www.imtj.com

need to have an in-depth knowledge of their market. The processes of health tourism cannot be measured or forecasted by traditional methods, because of the constant changes.

Although the future changes of the health tourism industry can be predicted based on the existing trends, knowing how to read the signs does not guarantee success. Nevertheless, stakeholders need to keep an eye on the trends, because even a small partial success can make a huge difference in the fierce competition.

Research method

Due to the increasing impact of digital solutions in all service sectors, the exploitation of novel digital innovations is in the best interest of the health tourism industry. The good practices of health tourism destinations clearly show that the high quality of health tourism services itself does not guarantee that the region will be ranked among the world's top destinations. To be among the best, it is necessary to provide tailor-made solutions, exploit the latest ICT developments and have an in-depth and up-to-date knowledge on the market demands.

My research focuses on the examination of an innovative hospitel[2], which uses a novel approach towards health tourism services. The questionnaire survey explores the market acceptance of Hungarian health tourism business ideas. The case study presented in this paper reveals some important conclusions and offers ideas for further research.

Dilemmas of health tourism in the European Union

Unlike in the Asian and North-American countries – which are the most interested in health tourism –, health tourism is affected by different processes in the European Union. The tourism destinations of the Europe Union are among the most successful tourism attractions in the world, and Europe as a continent is a very popular destination itself. The leading position among tourism destinations is a result of a long and conscious planning process, and the EU is willing to do everything in its power to keep its top ranking.

By using revolutionary solutions, technological innovations and exploiting of the newest trends in the field of tourism, the European Union sets and example for other nations. However, it is not clear how the EU intends to enter the fierce global competition of health tourism services.

As for global tourism, the EU is surely a trendsetter, but when it comes to health services, the differences between the member countries' individual legislative systems seems to hinder the development process.

In tourism as a whole, the combination and interoperability of related industries had opened the way for the development of novel tourism trends. The European Union sets a great emphasis on the growth of tourism-related incomes and employment rate within the industry.

Health tourism in the European Union is based on the various national health insurance schemes of the member countries. Within this system, health tourists can access the most convenient and cost-effective services in the EU, and have the costs of their treatment covered by their national health insurance system. This financing scheme has its own limitations, because the health service systems of the member states operate with different conditions, and it is not likely that the individual systems would be harmonised in the near future, due to the differences in the legislative and quality assurance practices of the countries.

As it is in the member countries' interest to protect their health professionals and workplaces, there is also a strong political intention to keep the individual public health systems at national level.

Although in theory, EU members can use the national health services of other member countries, the current trends clearly indicate the preference of self-financing schemes. Private health insurance companies – that can offer tailor-made solutions and control the quality issues of health services abroad – could be an alternative for health tourism within the EU.

There are existing international standards developed by private health insurance companies; however, their services mainly focus on medical therapies than health tourism offers.

The prosperity of medical tourism in Asia

In Asia, medical tourism is the most profitable segment of the health tourism industry. However, it important to note that the national databases in the Far-Eastern countries should be analysed very carefully, because the vast majority of health tourism services and international health tourism destinations are operated by private businesses.

Because of the fierce competition and the opposing interests of service operators, health tourism institutions are not interested in the open publication of the statistical data; furthermore, due to business-related reasons, these privately published datasets cannot be relied on as a valid resource of information about the whole industry.

According to the experience of Dr. KK Agrawal, president of the Indian Medical Association, the Asian health tourism market primarily focuses on the competitive value-for-money ratio of medical services, and they also offer complementary health tourism services for the people accompanying the patients. When talking about Indian health tourism, the requested medical services are offered for the patient at lower prices, with only their travel expenditures as additional cost.

It is important that health tourists typically do not participate in any other travelling during their stay and they usually spend their rehabilitation period somewhere else, too.

As for rehabilitation, the majority of health tourist prefer to spend the healing period in their 'home environment'.

As the whole period of the therapy is divided into the two phases of the medical procedure itself and the rehabilitation period afterwards, Asian health tourism

[2] Hotel + Hospital = Hospitel

providers prefer to transfer their marketing costs to the state, claiming that the profit and tax revenue generated by the health tourism industry accounts for a large portion of the total governmental income.

Regardless of the logic behind this reasoning, a closer look will reveal the fact that while the profits generated by the private medical services providers will remain at the private businesses, the expenses of the industry's sustainability is borne by the tax payers.

To understand the whole picture, the principles of marketing cost effectiveness and the possible positive social effects need to be clarified. The costs of the branding activity of individual health tourism businesses are calculated to be around 10-15% of their profit; and while this type of expenditure mostly affect the income of the owners, their marketing activity will differ from the public tourism marketing schemes that mainly focus on the development of the country image[3].

It is simply not in the interest of private medical businesses to invest in the national tourism image marketing of their country, and spend on something that will not generate direct income for their services.

It is among the biggest challenges in the health tourism industry to decide which stakeholder should invest in which sector if the industry and how their spending can return.

Due to the opposing interest of the stakeholders, the problems of financing health tourism marketing in Asia are likely to remain in the near future: health tourism businesses will be interested in selling their medical services, while governmental stakeholders will handle the national image of the country as a priority.

In the future, with the digital revolution and the development of ICT solutions, the growing demand for personalised solutions and quicker communication may bring forth simpler and more effective marketing structures based on the use of Big Data systems.

Growing demand for health tourism

In 2015, 1.172 billion travels, 5.985 billion guest nights and 408.306 billion EUR income were registered in tourism in the European Union (EUROSTAT 2017). Inter-European travels between the member states accounted for a large proportion of this huge total income.

The various forms and seasons of mass tourism represent a stabile demand for service providers; however, there is an increasing demand for non-seasonal and sustainable business models, too.

Although the system of mass tourism works quite efficiently in Europe, there is an increasing competition by 3rd countries where the lower wage costs and social compensations allow tourism businesses to operate more cost-effectively.

Another huge difference in the tourism industries of these countries is that some European countries rely on the income of their tourism as a main resource of their budget, while it should be considered only as a complimentary sector within the national economy.

In order to balance the aforementioned inequalities, the tourism experts of the European Union work on the development of solutions that will focus on the exploitation of the inner reserves of the EU markets and integrate further resources into the system.

Due to the demographic changes, the number of senior citizens is growing throughout the EU. Taking into account the whole population of the European Union, the number of senior people – the age group of 65 plus years – reaches almost 90 million; this means that every 5th resident of the EU belongs to this demographic age group.

Beyond senior citizens, the demographic group of people with disabilities represent another target group of health tourism. Senior citizens and people living with disabilities account for a huge economic potential, and not only for the tourism industry.

With regards to their consumer habits, senior citizens and people with disabilities are very similar to the rest of the consumers; moreover, because of their special circumstances, they are likely to spend more under some specific circumstances (Zsarnoczky, 2016a).

Within the European Union, there are no local differences regarding the characteristics of disabilities; therefore, none of the member states have a priori advantages in the competition for this consumer group. In accordance with the principles of the European Union, the tourism businesses and destinations of the member states offer the same types of services, including accommodation and hospitality services, Conference and health tourism packages and other complimentary programmes.

The large-scale seasonal programmes and single events are important income-generating resources in this special sector, too. For example, in the case of the Paralympic games, not only the athletes will participate at the events, but their accompanying staff members and the audience will also spend time (and money) at the destination.

In many cases, their whole family of the athletes will travel to support them, and their stay will generate further income for the tourism service providers. With the increasing importance of accessible tourism, both stakeholders and decision makers are likely to have to pay more attention to this segment.

According to UNTWO, the world's population is far more affected by disabilities than it had been thought before. At least 15% of the global population is involved somehow, which accounts for at least 1 billion people (UNWTO, 2013).

Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors) (WHO, 2011). Disabilities can appear in various forms, covering the whole spectrum of the accessible tourism market.

The term disability not only refers to reduced mobility, visual impairment, hearing impairment, developmental disabilities, mental disabilities, learning

[3] https://incredibleindia.org/, https://www.tourismthailand.org/, http://www.malaysia.travel/en/intl, etc.

disabilities or long-term health related disabilities: people with prostheses, allergies or other sensitivities, invisible disabilities and even the elderly all belong to this group. Among elderly people, the possibility of developing some form of disability is increasing with age (Zsarnoczky, 2016b).

It is important to note that not all types of disabilities are registered in the statistics: the numbers only show the visible forms of different impairments (mobility, hearing, speech, developmental and mental disabilities), while hidden (visually not recognisable) disabilities like surgical removals or prostheses are not recorded officially. Experts estimate the number of people living with hidden disabilities as least the same as those of with visible impairments. It means that the whole group of disabled people accounts for a lot more that the size of the group of people living with visible disabilities.

The market demand side of accessible tourism in Europe consists of senior citizens, people living with disabilities or any other heath restrictions and single parents as well (Zsarnoczky, 2017a). Accessible tourism organisations are very active in Europa and can greatly support service providers who are willing to develop their businesses for accessible tourism purposes.

With regards to intra-continental tourism, the EU puts an emphasis on the wide availability of Accessible Information Systems (AIS). The central directive of the European Union aims to provide a standard and uniform set of signs, pictograms, and going further, suggests the standardisation of mobile applications, fonts and colours in accessible tourism for easier understanding for all (UNWTO, 2016).

According to the recommendation, the standards and uniform use of signals would make it easier for the target group to enter the accessible tourism market. In the EU, the development of tourism products is primarily the task of service providers; however, there are several central incentives that support the joint exploitation of capacities within Europe (EC, 2015).

Innovative digital solutions in health tourism

The e-Health platform offers innovative and cost-effective solutions in digitalised medical and clinical services. The e-Health[4] system is not a medical term, but a developing and innovative approach.

Based on the idea of e-Health, further versions are emerging, like for example m-Health, which refers to public medical practices that are supported by mobile phones, patient monitoring devices, personal digital assistants (PDAs) and other wireless equipment. With the development of healthcare devices, patients are also 'digitalising'.

The term 'e-patient' was introduced in 1996 as a definition in global healthcare (Ferguson, 1996), and in accordance with the technological development, today patients who rely on their smartphones in their healthcare are referred to as 'smart patients'. These people – who use the latest digital innovations to monitor their health – can use various solutions to get information about their health status, diseases, possible treatment options and can also keep in touch with other patients.

Mobile apps hold a great opportunity both for the healthcare and the health tourism industry. The three main groups of the most popular health applications are related to information and knowledge sharing; treatments and diagnosis (Soós, 2017).

The information and knowledge sharing applications are typically used for information research and health education, and their target groups can be professional users or lay persons. Treatment-related applications support prevention, rehabilitation, and the treatment of acute or chronic diseases. As for the third group of diagnostic applications, there are two main types: simple health applications that operate by using the built-in sensors of mobile devices, and the ones that use 'external' tools that are connected to the various programmes downloaded to the devices. All of the aforementioned types of applications can be used in health tourism effectively.

According to recent studies, the visitors of health tourism websites mostly search information on services and doctors, and make appointments online. Unlike the common opinion of health tourists, the frequent use of health related websites does not substitute but only compliments real life healthcare and medical services (Andreassen 2007).

With regards to patients' openness towards ICT solutions, research results suggest that the main factors that affect their 'digital openness' are: younger age, the less people living together in the same household and early diagnosis. As for the gender ratio, the number of female users is significantly higher, especially when it comes to interaction and communication about health related issues (Petty, 2014).

E-Health and its variations do not only cover the fields of healthcare and health tourism, but also deal with health and physical condition in general (Zsarnóczky et al., 2018).

In close relationship with the increasing importance of health awareness, the popularity of health-conscious applications is also growing. Due to the user-friendly features of these applications, they are not only used by younger generations, but widely accepted by elder generations, too.

With the spreading of smartphones, there is a growing market demand for personalised services. Users are mostly interested in tailor-made diets, the availability of organic food in their proximity, and also use their smart devices for storing their health-related personal data. These fields of interest are basically identical to the major fields of health tourism (Fig. 1.).

[4] Note: e-healthcare or electronic healthcare, today more likely referred to as 'digital healthcare'

Fig. 1. Health Tourism 2.0 Source: Zsarnoczky 2017b

Results

The versatile tourism industry of Europe, the redefined concept of health tourism – consisting of a variety of similar fields – represents a sector with emerging possibilities. The novel concept of health tourism includes the re-definition of several complex processes.

The general objective of accessible tourism is that, regardless of their physical condition, all people can have access to all tourism services in all tourism destinations. To reach the concept of full accessibility, the implementation of a universal design planning concept is necessary (Darcy et al., 2009).

The research introduced in this study focuses on the case study analysis of a promising Hungarian tourism business: the Matra Resort health tourism group. The Matra Resort, including various institutions and services, is an individual health tourism destination located in Parádsasvár in Northern Hungary.

The destination offers special health tourism products like accessible guest houses or apartments that were developed especially for senior citizens for short and long term rehabilitation purposes.

The Matra Resort is fully committed to answer the newest requirements in health and accessible tourism, and has started several developments in connection with elderly care and nursing services. To increase international visibility, in 2017, the project – first among Hungarian tourism businesses – was successfully registered as a member of Europe for All[5] and Pantou[6], a users' group operated by the

European Committee. These expert organisations collect a wide variety of information resources, guides and offers from accessible tourism service providers and destinations from all around Europe.

The Matra Resort launched its hospitel service – a term combining hotel and hospital, referring to the services provided - in 2017. According to their vision, the Mátra Resort offers the services of the nearby Parádfürdő Hospital, the Mátraderecske mofetta and the Thermal spa in Bükkszék for the guests who stay in the apartments.

The joint guest apartments of the Mátra Resort has been operating since 2015, offering their services based on the unique natural resources of the location (i.e.: the complex is located in a protected natural area) and high quality health tourism programmes, in line with the priorities laid down in the AIS directive of the European Union. Beyond the existing possibilities, further services like Matra Resort Independent Living, Assisted Living, Nursing Home and Hospice are under development.

The Mátra Resort operates a sufficient website[7], provides on-demand transportation between the location and the home of its visitors, and offers high quality apartments and health tourism services.

They provide easily accessible and user-friendly information on all their services, and put an emphasis on the proficiency and open-mindedness of their staff.

The research aimed to explore the success of the hospital concept by conducting a questionnaire survey among professionals who work within the project. The number of completed and valid questionnaires is 65, 78% of the total number of questionnaires (83). Because the number of respondent is relatively low in relation with the total number of the population, the result of the survey is not representative (Fig. 2.).

- Gender of respondents: 74% female, 26% male
- Home settlement of respondents
  - Domestic tourists: Budapest (48), Debrecen (11), Gyöngyös (3) Szeged (2), Kecskemét (1)
  - International tourists: -
- Age of respondents: the majority of the respondents belonged to the 51-65 yrs age group (51%),

[5] http://www.europeforall.com
[6] https://pantou.org/
[7] http://matraresort.com/

followed by the 36-50 yrs (26%), 21-35 yrs (13%), 6-20 yrs (4%) and 65+ yrs (6%) age groups.

- Highest degree of education of respondents: higher education degree: 4%, secondary education degree: 80%, primary education: 16%.
- Marital status of respondents:: Single: 41%, single and in a relationship: 21%, single and living with family: 14%, married: 10%, living in a partnership: 8%, unmarried: 6%.

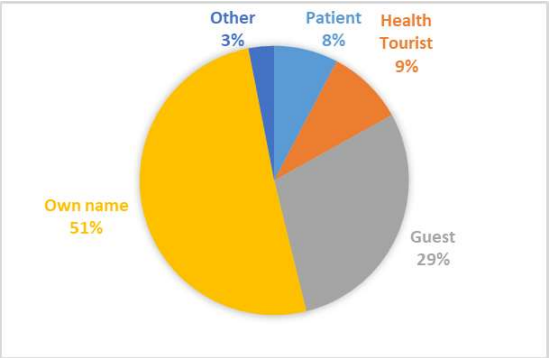

Fig. 2. Whilst attending health tourism programmes, how do you define your status as health tourist?

74% of the respondents claimed to have been health tourist; 21% have never participated any health tourism programmes and 5% could not decide whether they have (due to the similarities between active tourism and health tourism).

It is interesting to note that the vast majority of health tourist like to be referred as health tourist and they definitely try to avoid being called patients while at the destination.

Figure 3 indicates that health tourists prefer to spend their rehabilitation period in 'home-like' apartments connected to the healthcare facilities instead of the conventional concept of hospital or home rehabilitation.

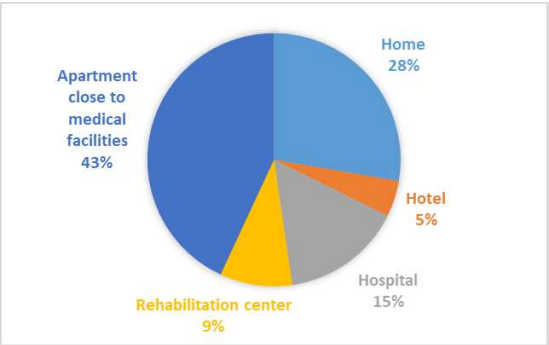

Fig. 3. In what type of environment would you prefer to participate in a 1 week as a health tourism programme after a medical treatment?

The answers suggest that there is a high demand for healthcare services in the proximity of health tourism accommodation facilities. The comfort level and hominess of the accommodation are important factors in the decision making process of health tourists. When consuming health tourism services, tourists try to avoid having to spend their rehabilitation period in hospitals or rehabilitation centres.

Conclusions

Innovation and digitalisation are the most effective tools to bring forth a new momentum in the emerging industry of health tourism. Novel ICT concepts like e-Health can contribute to effective information flow between the demand and offer sides of the market. The digital revolution has already brought many changes into the health tourism industry; however, with the spread of the new technologies, special attention has to be given to the emerging ethical and legal issues as well.

Regarding the geographical distribution of health tourism services, the Asian region primarily focuses on highly profitable medical procedures, while in the European Union, the main priority is the development of an effective health tourism system between the member states. As for the future of health tourism in Europe, the largest opportunity lies in the strengthening of the internal resources and the expansion and diversification of the services. Innovation in health tourism does not only mean technological novelties; it should also include new ideas and concepts. To be able to fully exploit the opportunities of the hospitel concept and accessible tourism, creative ideas and professional experts are required.

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