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Medical Tourism: Can it be A New Supernova of Indian Economy

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ABSTRACT

Over a period of time Medical tourism, which is alternatively called health tourism or wellness tourism, has gained lot of momentum. India's emergence of one of the world's fastest growing economy, coupled with Government policies for promoting overall economic growth, medical tourism has grown in to l leaps and bounds in India. It is a silent revolution that has been sweeping the healthcare landscape of India for almost a decade by making significant contribution to Indian economy. The tourism industry of India is economically important and growing rapidly.

Indian health care sector is considered one of the largest in terms of both revenue and workforce employment. Indian medical tourism industry is expected to reach $6 billion by 2018, with number of people arriving in the country for medical treatment set to double over next four year. A large and growing population, a booming economy, rapid urbanization which has expanded the middle class, rising diseases and increased awareness level has enable the sector to grow at much higher rate.

This research paper makes an effort to understand reasons for the growth of medical tourism in India, stake holders & their role in promoting Medical tourism, future prospect of the medical tourism of India.

Keywords: Medical tourism, Indian Economy, Stakeholder of Medical tourism, Growth enablers. Future prospect, 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. 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 a number of innovations to increase access and improve 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.

LITERATURE REVIEW:

Reddy1 (2000) written that the healthcare industry has the potential to show the same exponential growth that the software and pharmaceuticals industries have shown in the last decade. Worldwide the market for healthcare is expected to be over $4 trillion and of this over $ 750 million will be the share of the developing world. This would make the healthcare industry the largest service sector industry in the developing world. Mukherjee and Mookerji2 (2004) mentioned that after Singapore and Thailand, India may be the next multimillion dollar Asian medical industry. Apollo hospitals group, Wockhardt, Escorts, Fortis, Hinduja and Breach Candy are some of the names in healthcare that have come forward to tie up with tourism industry players like Hyatt, Kuoni, Indian Air lines and Bangladeshi carrier GMC to offer discount-laced customized packages to international medical tourist to India. Baxi3 (2004) reported that India is well positioned to tap the top end of the $3-trillion global healthcare industry because of the facilities and services it offers, and by leveraging the brand equity of Indian healthcare professionals across the globe. India's medical expertise is comparable to the best in the world and the work done by doctors in India is recognized all over. The key reason for India's emergence as an important destination for healthcare is due to Indian doctors who are renowned world over. There are over 35,000 specialty doctors of Indian origin in the US alone. Also, Indian nurses are the most sought after and their caring approach towards treatment is well recognized. Rao4 (2005) described that a substantial number of foreigners are coming to India to avail the quality medical treatment at a cost much lower than that of other countries of the world, particularly in the field of cardiology, cardiac surgery, joint replacement, ophthalmology, pathology and Indian systems of medicine etc. The government of India has constituted a task force to promote India as a health destination for persons across the globe so as to gainfully utilize the healthcare expertise and infrastructure available in the country.

OBJECTIVES OF THE STUDY:

This study tries to get an overview of the medical tourism in India. This study explains why India has emerged as destination for medical tourism. It also explores challenges and competitive advantages and future outlook of medical tourism in India. This is exploratory work which is based on past literature review, including published research, web sites, newspapers, and the travel and tourism magazines that carry medical tourism related information. This study also tries to understand why developing country like India is more successful in promoting medical tourism than others

CONTRIBUTION OF MEDICAL TOURISM TO THE INDIAN ECONOMY:

Many hospitals in India are accredited by international institutions and are offering world-class 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 medical visa. Generally a medical visa is valid for one year, or the period of treatment whichever is less. The period of medical visa can further be extended for one year with the permission of state government. India not only offers the medical treatment but also other rejuvenative services such as yoga, meditation, herbal therapies and other skin treatments which could uplift the mood and enhance health of medical tourists. As a result India is receiving a huge number of international tourists who are coming to gain the rejuvenative benefits. In 20095,India has received a total of 180,000 foreign health tourist. It is estimated that it will grow at a Compound Annual Growth Rate of over 19% and will reach up to 1.8 million by 2014. Tourism in India is also one of the fast revenue

generating industry and contributing around 5.92% to the National GDP 6, and providing employment to over 9.24% of the total country's workforce. To promote tourism in India government is introducing various kinds of tax deductions and exemptions to attract foreign investors to invest in tourism sector and also providing various kinds of incentives to persuade them. In its Union-Budget 2010-2011, Government of India has introduced a scheme of tax deduction for the establishment of new, especially 2-Star category hotels in country. Medical Tourism in India is playing a vital role in improving the economic and social status of the society. According to a study by McKinsey & Company and the confederation of Indian Industry, India will receive $1 billion business by 2012, from medical tourism, which is 1% of the total world-wide revenue generated by medical tourism. The total revenue generated from medical tourism in the year 2004, worldwide was $40 billion which has increased upto $60 billion in the year 2006. McKinsey& Company7 estimates that it will raise to $120 billion by the end of the year 2013.

KEY FEATURES OF MEDICAL TOURISM IN INDIA:

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

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

As per market research report "Booming Medical Tourism in India"8, 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 the existence of 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 with a view to promoting India as a Health Destination for persons across the globe so as to enable them to gainfully utilize the health care expertise and infrastructure available in the country. The aim is to expand the range of the tourism products in India, both for domestic and international market. For this, streamlining of 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. Added advantage is provided by the uplifting government policies in India. The government led initiatives and campaigns such as Incredible India!, Colors of India8, Atithi Devo Bhavah and the Wellness Campaign for promoting the Indian tourism and hospitality industry adds to the creation of appeal amongst the foreign tourists. The Ministry of Tourism India (MoT) is planning to extend its 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

PRIVATE SECTOR PARTICIPATION:

Private sector should work in tandem with the government on PPP initiatives to educate the later for developing more sustainable 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 professionals, nursing, and paramedical staff

3.To form a common healthcare forum / platform to corroborate all efforts which require policy decision changes which would 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, specialised 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 provision locum medical staff for short durations or on specific programs

6.Work with the government to encourage better penetration and utilisation of health insurance schemes

7.Within their own set ups – encourage accreditation, make it mandatory for credentialing of Medical Professionals while recruiting/ appointing to help ensure quality standards.

Enablers 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 PHD Chamber of Commerce and Industry, the healthcare insurance is projected to grow up to USD 5.75 billion in next few years. Moreover, the Insurance Regulatory and Development Authority (IRDA)9 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 policy makers 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 the medical tourists.

2. Research in medicine and pharmaceutical sciences

Horowitz and Rosensweig (2007)10 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, the 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)11, countries like India, Mexico, Singapore, Brazil, Philippines etc. are actively promoting medical tourism. Generally, medical tourists are the resident 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, an inpatient knee surgery would cost of 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 Indian medical tourism market with regard to 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 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)12 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 with regard to 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)13. 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. According to Sarin and Lodge (2007)14, international collaboration such as Cochrane Collaboration help people make well informed decisions about health care by facilitating, maintaining and promising access to systemic reviews of the effects.

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 competitive basis and combine recreational facility during their stay. In 2005, an estimated 500,000 Americans traveled abroad for treatment. 400,000 international patients travelled to Bumrungrad International Hospital in Bangkok, Thailand out of which 55,000 were Americans (Cohen, 2010)15. In 2004, 1.2 million patients traveled India for healthcare (Schult, 2006)16. India has also seen the growth in 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 growth of Indian traditional healthcare

systems in the domestic as well as in the international scenario.

7. Transplantation law

Organ transplantation is a revolution in the 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 that can be donated for an organ transplant (Acharya, 1994).17 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 tourist to India availing organs from a local donor. According to a survey by World Health Organization, Transplantation tourism is emerging in the world scenario with 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)18, 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)19. The 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

Government of India has announced a national health policy and a national tourism policy in 2002 20. Some references have been made in the national tourism policy with regard to 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 behaviour in terms of utilization of different sources of care (Bhatia and Cleland, 2001)21. Therefore, there is a need of specific policy focusing on promotion of healthcare tourism with 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 Ministry of External Affairs, immigration department, tourism promotion organizations, state governments, Indian healthcare federation, 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 own 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 100022 population However, there is a shortage of qualified specialist nurses and paramedical professionals and so qualified hospital administrators. 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 world healthcare tourism market has 7.64 nurses per doctor. One of the main reasons for low ratio of nurses to doctors in India is cross-border movement of nursing professionals from India.

CHALLENGES OF 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 challenges of fast pacing medical industry in India-

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

Infrastructure needs for the travel and tourism industry range from physical infrastructure such as ports of entry to modes of transport to urban infrastructure 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 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 travelling 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 neighbouring 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 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 growth of tourism for a number of years. Terrorist attacks or political unrest in different parts of the country have adversely affected sentiments of foreign tourists. Terror attacks at Mumbai in November 2008 dealt a strong blow to tourism in the country. The terror attacks raised concerns of safety. In addition, 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. A number of countries competing with India for tourists provide visa on arrival. India should provide visa on arrival for more countries or for 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 INDUSTRY:

The travel and tourism demand is expected to reach US$ 266.1 bn (` 14,601.7 bn) by 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 (` 4,412.7 bn) and foreign exchange earnings from tourism increased ~13% to US$ 11.39 bn.23

KEY ISSUES IN ADDRESSING SERVICE QUALITY IN HEALTH CARE INDUSTRY:

Five dimensions of service quality developed by Parasuraman, Zeithaml and Berry can be applied to health care industry to serve patients better:

- **Reliability**: Ability to perform the promised service dependably and accurately (example – doctor keeps the appointment on schedule, diagnosis prove to be accurate).
- **Responsiveness:** Willingness to help customers and provide prompt service (example – no waiting, doctor's willingness to listen).
- **Assurance**: Employees' knowledge and courtesy and their ability to inspire trust and confidence (Example – reputation, credentials and skills.
- **Empathy**: Caring individualized attention given to customers (Example – acknowledging patient as a person, remembers previous problems, patience).
- **Tangibles**: Appearance of physical facilities, equipment, personnel and written materials (Example – waiting room, examination room, equipment, report cards). Zeithaml and Bitner suggest that since health care services involve some amount of uncertainty/high risk, assurance dimension would be of great importance to the consumers. In the early stages of relationship, the consumer may use tangible evidence to assess the assurance dimensions. Visible evidence of degree, honours and awards and special certifications may give new customer confidence in a professional service provider.

TWELVE SUGGESTIVE NOBLE WAYS TO GET MORE PATIENTS:

1. Put yourself in your patient's shoes: It is a basic and commonsensical concept. Sometime 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.

- Listen to the patients
- Ask questions from them
- Do something extra for each patient
- 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

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 good listener to the patients when they come into the hospital or when they 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 Devtaas, a health provider has several 'excuses' to send a postcard to his patients. The postcards can contain simple messages to help the patients. And when a patient comes in, he should really 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 becomes patient oriented? As soon as the facility starts rendering, through thoughts and actions, the best possible service to each of its patients. 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 where they will 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 they have been given by the best business management professor, 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. May be the best equipment can be installed, hospital be opened for longer hours for the convenience of patients, and so on. It also involves studying the competitors and to start serving the patients better.

7. Patients want answers to their problems; they 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 get the feeling that they are still welcome – rather more welcome- than when they had come in the first place. A bit of additional consideration is all that 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 also ensures that the patients are encouraged to lodge complaints and each complaints is fully investigated.

9. Each of the employees 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 hospital. If so, how is it that some of employees never see the faces of their patients, as least, not away from the hospital. In the hospital, a selling atmosphere should be created wherein every employee gets an opportunity to market the services.

10. Checking with patients about employee's attitude: 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 attitude of indifference towards 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 are treated by 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 while it is only 20 per cent who carry their grievances on and on.

12. Dissatisfied patients are best teacher: One can never please 100 percent of patients, 100 percent of the times and 100 per cent of the days. If one can do so it is either a sellers 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 are not fully satisfied and, in fact 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. Booming software industry in India has facilitated technological revolution in healthcare. In fact, after software, 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. Fast growing economy has led to privatization & corporatization in the field of 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 manpower have made India the hub for Research & Development as well as clinical trials, thereby contributing primarily to the healthcare infrastructure. Stake holders of Medical tourism industry have to synchronise their activities to reap maximum benefits in terms of achieving higher profits and greater market share.

REFERENCE:

1.Reddy, P. C. (2000). Healthcare Services in the New Millennium. Management and Labour Studies, 25(2), 115.
2.Mukherjee, W. & Mookerji, M. (2004, December 22). Hospitals busy tying up with Hospitality Inc. The Economic Times, 6.
3. Rao, G. (2005, October 18). Healthcare sector in expansion mode. The Economic Times,
4.Baxi, A. (2004, April 1). Prescribe core support- Special Report. The Economic Times, 5.
5.Annual report of Frost & Sullivan, 2009
6. Annual Report of McKinsey and company, 2013
7.Annual Report of McKinsey and company, 2013
8.Report published by Indian institute of Tourism and travel Management, 2011
9.Official website of IRDA
10.Horowitz, M., and Rosensweig, J. (2007). Medical tourism-health care in the global economy. The Physician Executive, 33(6), 24-30
11.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.
12.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.
13.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.
14.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.
15.Cohen, G. (2010). Medical tourism: The view from ten thousand feet. Hasting Center Report, 40(2), 11-12.
16Schult, J. (2006). Beauty from afar-a medical tourist's guide to affordable and quality cosmetic care outside the U.S. New York, NY: Stewart.
17.Acharya, V. N. (1994). Status of renal transplant in India. Journal of Postgraduate Medicine, 40(3), 158-161.
18.Bergman, B. and Klefsjö, B. (2007). Quality from customer needs to customer satisfaction. Studentlitteratur, Lund: ASQ Quality Press.
19.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.
20.Official Website of Ministry of Health, GOI
21.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.
22.Official Website of Ministry of Health. GOI
23.Annual report of Frost & Sullivan, 2013
24.Parasuraman, A., Zeithaml, V. A. and Berry, L. L. (1988). SERVQUAL: A multiple item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12-40.

Websites referred:

01.http://www.kpmg.com/in/en/industry/pages/healthcare.aspx
02.http://www.deloitte.com/assets/Dcom
03.http://www.kpmg.com/IN/en/IssuesAndInsights/ThoughtLeadership/Emrging_trends_in_healthcare.pdf
04.http://gyananalytics.com/Snapshot%20and%20TOC
05.http://www.dinodiacapital.com/pdfs/Indian%20Healthcare%20Industry,%