

HEALTH & WELLNESS TOURISM DESTINATION READINESS CRITERIA

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When Mercury Advisory Group consultants engage to perform a situation analysis at a destination considering health and wellness tourism market entry, we inspect for following 22 key criteria. The list is intended to be high-level. We apply our experience to make determinations of readiness status for the project intended.

The resulting report of findings generally details examples of strengths and weaknesses, opportunities and threats we identify in the situation analysis and presents them at a more granular level.

The subsequent step that follows in a project engagement is the development of a proposed strategy and implementation / deployment outline. The client may choose to include or omit a deliverable of proposed specific standards that can be used to begin developing regulations, framework laws, and operating standards criteria.

The medical tourism industry is a service industry. It must factor into account several medical tourism industry specific factors in order to make the health and wellness tourism destination experience one that visitors will not only find affordable, safe, and memorable.

Visitors must be so delighted with their visit and experience that they will be excited to tell others about. This activates the “word-of-mouth” testimonial, the most powerful destination brand advocacy possible.

In order to achieve this objective of recurring visits and revenues the destinations must meet certain criteria as a baseline. To develop fast-start, minimum viable products, health and wellness tourism destinations must:

1 Tourism

Have a unique attraction and well-developed tourism economy.

2 Travel

Be accessible to cars, trains, or air travel and connecting airports within a reasonable time frame. (Generally, source markets which are within 2-hour concentric flight

circles are considered the most viable and most likely buyers.)

3 Infrastructure

Have the infrastructure in place for safe roads and airport runways, reliable power, reasonably clean air, potable pipe-borne water, seismic design standards, dependable telecommunications and ICT services with modern disaster preparedness and quick recovery potential.

4 Walkability

Offer high-quality walk ability in a safe, inviting community without threat of political or religious resurgence and with evidence of integrated Crime Prevention Through Environmental Design (CPTED) and other regional and urban planning best practices.

5 Airport

Have a well-developed, modern airport nearby with assistance services available for physically-challenged tourists at all hours that the airport is open.

6 First Response

Have automatic emergency defibrillators (AEDs) and staff trained in AED resuscitation and first aid throughout the airport and at all hotels and restaurants.

7 Modern EMS

Be situated in a place where a health or wellness tourist can be easily transported to a full-service medical facility within 15 minutes by advanced life support equipped emergency medical services and air ambulances.

Fire brigade response time to areas where health and wellness visitors congregate should be no more than 4 minutes delay, on average. Fire brigade should have aerial ladder equipment if hotels and healthcare facilities are higher than 3 floors.

8 Rapid response by repair technicians

Have qualified biomedical engineers and service technicians available to repair all specialized medical equipment within a 4-hour response time.

9 Courier Services

Have regularly scheduled air-courier logistics services in place for emergency parts delivery.

10 Facilities Commissioning

Laws, standards and regulations must be in place to permit the licensure and operation of ambulatory surgery centers and office-based surgical suites for minimally invasive and other ambulatory surgical procedures contemplated.

If the laws are not already codified and safety and operational standards are not in place and able to be enforced, this delays the project considerably in order to draft and enact them.

11 Medical technologies permitted

Have laws must be in place to permit the use of certain medical technologies, diagnostic equipment, and storage and administration of all medications for the diagnoses and treatments contemplated by the project for the first three-to five years of operation.

If the laws are not already codified and safety and operational standards are not in place and able to be enforced, this delays the project considerably in order to draft and enact them.

12 Education & Capacity Training

Have higher education and vocational/technical institutions must be prepared with modern course curricula to produce talent that can supply the necessary workforce to staff the project.

13 Affordable housing for workers

In addition, affordable housing must be available to enable workers to live reasonably close to the health & wellness tourism worksites.

13 Credentialing & Privileging

Have physician and nurse credentialing and privileging standards that allow for visiting specialists, private duty nurses, and researchers to be dually-licensed there.

If the destination may wish to attract foreign investment by Diaspora and other physicians and surgeons, changes to licensing policies may need to be considered. In many health and wellness tourism destinations, physicians from outside the destination seek to establish an alternative clinic location where they can vacation and also meet patients or work as a clinician in-residence.

14 Continuity of Care

Have available physicians, nurses, admissions coordinators, case managers, discharge planners, medical technicians (x-ray, lab, etc.) and transportation aides who are able to speak and write in the language of the patients from source markets.

15 Culture & Language Capability

Currently, the languages fluencies required include (medical) English, Spanish, Russian, Mandarin, Arabic, German, Portuguese, French, and Japanese are in highest demand.

There should be no dependence whatsoever on telephonic or internet translation services.

If the language capacity is not present, the project should not pursue those source markets until such reliable and redundant back-up capacities are in place around the clock.

Accommodations should be able to cater to the specific tastes and meals of their cultures.

Multi-cultural sensitivity training for health-care workers should be included in staff training and development for workers who will interact with international patients.

16 Ample Guest Accommodations

Hotel accommodations should include clean, safe accommodations for all types of medical and wellness guests. The range of accommodation should include an inventory of hotels, serviced apartments, rental homes and villas, and a combination of long-stay and short-stay options.

17 Health Tourism Accommodation Criteria

Inspections

Guest accommodations should be inspected, graded, and approved in accordance with appropriateness standards for the various types of medical and wellness guests.

Standards codified

Appropriateness standards should address considerations for mobility challenged, sight and hearing impaired, recent post-operative guests that may require private duty nurses in adjoining, internally connected rooms.

Grading system

Accommodations should also be categorized or graded for guests who are there for wellness and other procedures that have no special requirements than those for other non-medical/wellness tourism.

Food service establishments

Health tourism accommodations should also be able to accommodate special meal preparation requirements, and food service workers should be knowledgeable and be able to communicate all ingredients and methods of preparation in the language of the visitor. If this is not possible, the ingredients of all regular and special menu items should be translated and available in writing into those languages.

Non-comedogenic

Non-allergenic in-suite amenities and linen supplies should be available. Guest areas should be without carpets and flooring surfaces and wall and ceiling design should facilitate easy cleaning and minimal dust accumulation.

Environmental control

Regular inspections for and abatement of mold and mildew, dust mites, and bed bugs should be on a scheduled basis. Air handling systems should be checked and controlled for pathogens such as legionella.

Water temperature and pressure

Well-controlled water pressure and temperature control should be consistent throughout the property.

Lighting and Photonics

Natural light should be available from windows that have screens and locks. Well-lit reading lights near beds and seating should be available, with plugs nearby and available for laptop or phone charger connections. One master switch near the bed should control all lights.

Bed comfort

Comfortable mattresses with backboards and pillow-top cushions should be available on request. The establishment should also have recliners available for post-operative and other guests who may require the ability to sleep upright and other accessibility and hygienic considerations.

Bathroom adaptations

Bathrooms should have telephones installed. Disabled access rooms should not be higher than the third floor in locations where the fire service has aerial ladder equipment and no more than a 4-minute response time. Walk-in showers are a plus. Under-sink exposed plumbing should have protective covers and tile and grout should be sparkling clean.

Neutropenic environment

The destination should have available accommodation with neutropenic-appropriate environments for patients with active neoplastic diseases, pre- and post-transplant guests, guests on chemotherapeutic and immunosuppressant therapies, guests with

active, recent history of, or threatened renal failure, and those planning regenerative health treatments with stem cell and plasma rich platelet (PRP).

18 Appropriate health facilities

Local regulations should permit ambulatory surgical facilities to perform cases which are appropriate in that setting.

Facilities criteria should be standardized so that certain cases which should be carried out in an inpatient setting or with a properly staffed intensive care unit are not carried out in alternative settings.

19 Procedure specific clinics

Dialysis services, assisted reproduction clinics, ophthalmology surgeries, dermatologic surgeries, and many cosmetic surgery procedures generally require little more than an office-based or free-standing ambulatory surgery center in order to offer full service menus of procedures and diagnostic services. Having this option available instead of a full-service hospital or clinic will reduce operating costs while maintaining safety and quality in a more competitive setting.

20 Hydrotherapies

Depending on the destination, thermal waters spa and medically-supervised aquatic and other rehabilitation services with and without mineral waters, sea water, or muds should be available. These can range from a simple massage therapy clinic to full-service water-based rehabilitation and relaxation. All manual therapeutic modalities can be possible with minimal startup capital. Credentialing and privileging standards should be developed and codified to prevent unvetted, inadequately-trained individuals from providing health services to health and wellness visitors.

21 Gastronomy + Nutrition Wellness

If the destination offers unique cuisines, nutritional counseling and dietary wellness activities can pair with cooking classes in a demonstration kitchen setting.

A health and wellness tourism offer would require little more than a private consultation area and a demonstration kitchen to teach healthful meal preparation and alternative menu choices using fresh seasonal ingredients typical of the region.

This is an excellent "take home" souvenir without extra baggage costs that gives rise to post-visit sharing of one's delightful health and wellness tourism experience to friends and family on return.

22 Management Services

A Management Services Organization (MSO) should be available or planned for development to conduct the business of the health and wellness tourism sector cluster, and act as liaison between stakeholders, customers and regulators.