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Opportunities and challenges of medical tourism

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Abstract

Nowadays, we can observe the increasingly dynamic, global trend of medical tourism. For different reasons, including access to health care services, sophistication of technology, reputation of doctors, more and more patients decide to seek treatment in foreign countries. From the macro- as well as micro-perspective, the medical tourism entails many opportunities. However, to be able to obtain the possible benefits, medical providers and public administration have to rise to many challenges. These, among other things, include implementation of Directive 2011/24/EU about cross-border healthcare into country law as well as informational, promotional and procedural changes. In this article, the authors discuss these problematic aspects taking into account Poland, as one of the crucial target directions in medical tourism.

Keywords: medical tourism, Poland

1. Introduction

Traveling abroad for one's health has a long history. Throughout the ages, the patients have been traveled abroad for care because of a lack of access to services that were unavailable or unapproved or prohibited or restricted in their home countries (Howze, 2007). However, it was not until the early 21st Century that medical tourism experienced a major breakthrough, becoming an industry in its own right, and that the term medical tourism came into common use. Ever since, there has also been a manifest trend at work, in that patients from developed countries have been travelling to developing countries. Nowadays medical tourism is generally understood as a foreign travel for the purpose of seeking medical treatment, with or without a holiday or the consumption of tourism services (Connell, 2006; Hall, 2011). Since that time, the observable is also a strong trend in the form of the patients traveling from developed countries to those with emerging economies mainly to avoid unaffordable costs for life-saving procedures, or high costs for not obligatory surgery (Milstein and Smith, 2006), or treatment delays (MacReady, 2007; Morgan, 2010) (when a waiting list for a particular procedure is too long, the patient might precede the queue by paying for the procedure abroad), or to protect its privacy (Horowitz and Rosensweig 2007).

Medical tourism has increased in part because of increasing health-care costs in developed countries, cross-border medical training and widespread air travel (NaRanong and NaRanong 2011). Horowitz and Rosensweig (2007) emphasize that the primary reason patients seek care in developing nations is the absence of financial resources - either insurance benefits or outright cash. Cosmetic surgery, dental reconstruction, gender reassignment operations, or fertility treatments that are not covered by insurance. In promoting medical tourism, significant role play also such issues as the privatization of health care, the foundational role of technology, and uneven access to health resources. What is also important is easy and quick access to information (Morgan, 2010). Approximately 70 percent of patients search for information about medical procedures only on the Internet. Indeed, the Web enables one to quickly find out the necessary details/data, compare costs and check for the experience and education of physicians.

Since 2001, medical tourism has been booming in Asia. It still remains the number-one health destination of the world. Countries like India, Singapore, Taiwan and Thailand have become major hubs of medical tourism. These countries have invested a lot in their health-care infrastructures to meet the increased demand for accredited medical care through first-class facilities (NaRanong, NaRanong, 2011). Although Asia and Latin America are still way ahead, medical tourism is also starting to gain momentum in Europe. This is especially the case in Central and Eastern Europe, as the countries from this region have lower fees compared to Western Europe. The medical tourism sector in Europe has been trail-blazed by Hungary, which was relatively quick to recognise foreign patients, this way becoming the most popular European health destination. Research conducted in 2012 by the portal treatmentabroad.com indicates that other popular destinations include Belgium, Turkey, Poland, the Czech Republic and Spain. According to *"Patients beyond borders"*, in 2012, the most frequented health destination was Thailand (visited by approx. 1.2 million patients), followed by Mexico (more than 1 million foreign patients, the majority of which came from California, Arizona and Texas), the United States (over 800 thousand patients), Singapore (approx. 610 thousand patients), India (approx. 400 thousand foreign patients), Brazil (more than 180 thousand medical tourists), Turkey (some 110 thousand foreign patients) and Taiwan (approx. 90 thousand medical tourists).

With no reliable data available, the task of identifying the size and value of the medical tourism market is, however, difficult. Global data provided in the literature on this subject is highly divergent, and besides, it represents the results of studies performed by different companies, such as the Deloitte management consultancy, McKinsey and Company, and the Patients Beyond Borders portal (PBB) (20). For instance, the 2008 report produced by McKinsey and Company projects that the medical tourism market will grow from USD 40 billion in 2004 to USD 100 billion in 2012. In turn, according to portal PBB in 2013 „market size is USD 24-40 billion, based on approximately 8 million cross-border patients worldwide spending an average of USD 3,000-5,000 per visit, including all medically-related costs, cross-border and local transport, inpatient stay and accommodations”. The divergent market projections might be caused by the differences in how each of these companies defines medical tourism.

Nowadays, the medical tourism industry has been growing worldwide. It involves about 50 countries in all continents. What sparked such great interest in this industry is the opportunities that it creates, both on the micro and the macro level. For healthcare entities, medical tourism is in the first place a chance to secure more revenue. However, it should be remembered that both patients who decide to use treatment abroad, and insurance companies, are very demanding for

foreign providers. For these providers, this is often a tall order that requires substantial investment in new technologies, excellent equipment, staff training, and also the need to arrange the stay of the foreign patients. Also of major importance is accreditation and certification, which attest to the fulfilment of the highest standards; and to receive accreditation or certification, however, a healthcare entity must generally spend a substantial amount of money. Nowadays about 500 facilities around the world have been awarded Joint Commission International accreditation and that number is growing by about 20% per year (Patients Beyond Borders, 2013). In addition to strictly-financial benefits, medical tourism can help healthcare entities enhance their social profile, in that they not only enjoy a better reputation (locally, nationally and internationally), but also increase their human capital (as a result of their staff's knowledge and expertise being continuously developed). The growth in medical tourism, especially when considered in conjunction with the cross-border healthcare directive, can offer the national funds a chance to optimise the costs of treatments. This is because in choosing where to receive treatment, the majority of patients will look at prices. And with the prices of procedures delivered abroad being lower than at home, the national funds save on the money they initially planned to spend. It is important to note that medical tourism generates benefits not only for healthcare entities. This is an all-round business that many industries can capitalise on. Indeed, it seems to demonstrate great potential for medical tourism agents (i.e. specialised travel agents), airlines and hotels, which provide a range of services tailored to medical tourists' needs. Moreover, medical tourists also generate profit for restaurants, pubs, cinemas, fitness clubs and other tourist-oriented establishments. On the other side, the medical tourism can impact the global distribution of health care in a negative way for the local citizens. By focusing national resources on care for foreigners, the host country risks denying its own citizens equitable access to care, promoting a two-tiered health system defined by the economic means of the patients (Arellano and Annette, 2007).

2. The impact of implementing the cross-border healthcare Directive on the medical market

Since 25 October 2013, all EU Member States have been obliged to adopt the laws implementing Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011. The primary objective of this Directive is to ensure that EU Member States have the freedom to provide cross-border healthcare services and to establish rules for facilitating access to these services. Also, the Directive aims at creating an entitlement to the reimbursement of the costs of healthcare services provided in another Member State under the national health insurance schemes of the respective Member States. This means that all patients across the Union will have the right to receive healthcare in any Member State they choose. All the costs of healthcare services received will be payable by the patient directly to the healthcare provider. Based on the issued receipts/invoices, the patient will subsequently request the insurance provider to settle the costs up to the maximum reimbursement amount applicable in the Member State of affiliation for the same healthcare service. The reimbursement amount cannot, however, exceed the real amount of the patient's expenses. In addition, the patient will be entitled to seek the reimbursement of other related costs, such as accommodation and travel costs. Reimbursement can also be sought by patients receiving healthcare by means of telemedicine. At the same time, the Directive precludes national purchasers from settling cross-border services between themselves.

There is the probability that some Member States will not adopt the required changes in legislation on time. This will not, however, affect the applicability of the Directive across Europe, in accordance with the principle of precedence. By extension, cross-border healthcare will be available to all patients, even if not all Member States implement the Directive on time. This creates the potential risk of patients being unable to receive a full or partial reimbursement of the cross-border healthcare costs, due to national legislative barriers or discrepancies between the catalogues of healthcare services guaranteed under public health-insurance schemes (with the health insurers being obliged to reimburse the costs of only those medicines or procedures that are eligible under national schemes or delivered in the healthcare facilities of the Member State of affiliation). With no common health policy in the European Union in place, the development of the cross-border healthcare market can be significantly hindered.

At the same time, in order to reduce the risk of destabilizing the planning and/or financing of their healthcare schemes, Member States have the right to introduce a system of prior authorization. The procedure for handling requests by relevant administrative authorities should, however, take the patient's condition into consideration. It is important to note that the rules regarding the cross-border healthcare Directive will co-function with the existing rules governing the use of the EHIC (European Health Insurance Card). This is because the former involves planned treatment, while the latter covers unplanned treatment provided to insured individuals during their visit to another Member State only when such treatment becomes necessary. In such an event the coverage is not limited by the scope of the reimbursement scheme of the State providing insurance, so the purchaser covers the costs of healthcare which are normally covered by a statutory healthcare system in the country providing the healthcare service. Usually this means a full reimbursement of the treatment costs.

Moreover, the Directive requires that each Member State establish at least one national contact point. The primary role of such establishments will be to provide patients with the essential and up-to-date information regarding their rights to receive healthcare in the EU. These points should both share information with each other and obtain information from the organizations of patients, healthcare providers and insurers, in order to be able to offer patients practical information on conditions and reimbursement levels, the available services, providers and claim procedures, etc. As a result, patients will know more about the quality and safety of healthcare delivered in another Member State, which will enable them to make more conscious decisions in the area of cross-border healthcare. The efficiency of such establishments is conditional on the availability of multilingual materials and staff.

Another issue pertains to medical prescriptions. In line with the applicable regulations, prescriptions dispensed in one Member State are valid in other Member States, as long as they include medicines granted with market authorizations in the Member States involved. In order for this system to work properly, efforts should be made to help pharmacists and healthcare professionals recognize and validate medical prescriptions from other Member States.

Another issue related to this Directive that should be addressed involves State- or EU-funded entities and their ability to deliver cross-border healthcare. Indeed, public or EU-granted aid might preclude these entities, including both public and private bodies, from providing healthcare services to foreign patients. Without the appropriate legal regulations in place, this might substantially hamper the growth of the medical-tourism sector within each Member State.

Particularly at risk here are developing countries, which rely heavily on EU funding in their efforts to improve the quality of healthcare services.

What is also worth noting is that in addition to the cross-border treatment of patients, the Directive also addresses the subject of cross-border healthcare cooperation between providers and authorities. More specifically, it recommends that networks connecting national authorities be established, called eHealth networks, under which national authorities would work towards enhancing the continuity of care and ensuring access to safe and high-quality healthcare. Furthermore, the Directive provides for the creation of networks connecting national authorities or bodies responsible for health-technology assessment, and also the development of European reference networks that bring together healthcare providers with a view to concentrating expertise across Europe, and in doing so facilitates cooperation between authorities, providers and even physicians, and also promotes the transfer of knowledge and skills (both organizational and medical).

It is worth mentioning at this point that because the Directive was only recently adopted, no analyses have been offered so far identifying the international impact that the implementation of the cross-border health Directive has had on global medical tourism. However, a 2012 report by the OECD suggests that whereas currently Europeans spend less than 1% of overall treatment expenditure on cross-border healthcare, the Directive will help bring this figure up to an estimated 5% within 5-7 years.

3. The Polish medical tourism market

3.1. Poland as a healthcare destination

Within a short period of time, Poland has become a major health destination. Poland's healthcare has been experiencing growing interest from foreign patients. They come here for many reasons, being attracted by the high quality of health services, state-of-the-art clinics, medical technologies, highly-qualified, multilingual medical staff, short waiting times in private clinics, and also by the relatively low costs of procedures. Indeed, many medical procedures in Poland are as much as several dozen percent cheaper than elsewhere in the world (Tab. 1).

Table 1. Medical tourism prices (for selected countries) in USD

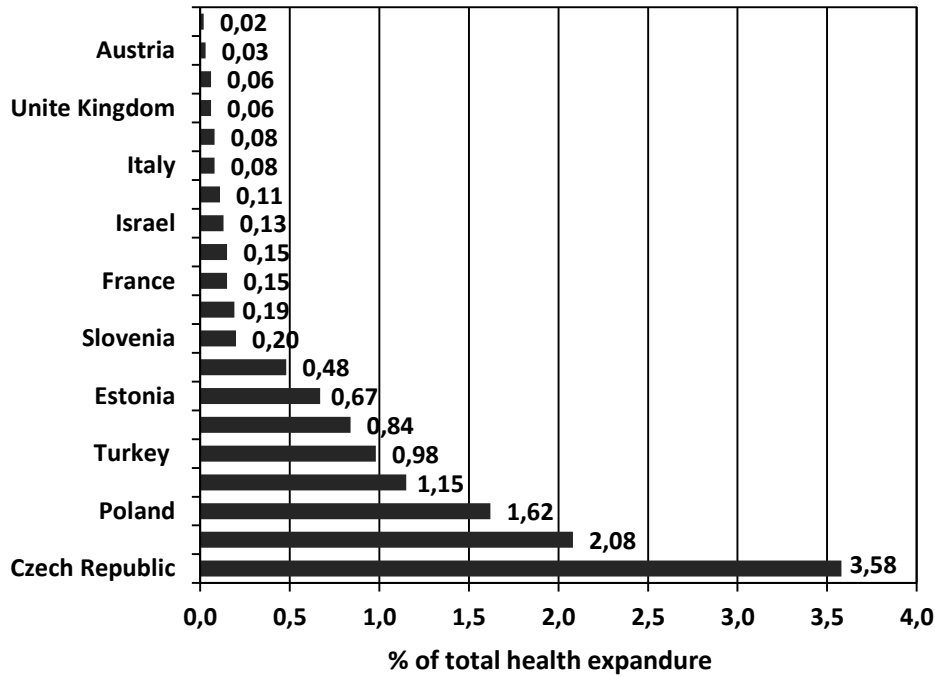
Procedure	US	India	Thailand	Singapore	Malaysia	Mexico	Cuba	Poland	Hungary	UK
Heart bypass (CABG)	113000	10000	13000	20000	9000	3250		7140		13921
Heart Valve replacement	150000	9500	11000	13000	9000	18000		9520		
Angioplasty	47000	11000	10000	13000	11000	15000		7300		8000
Hip replacement	47000	9000	12000	11000	10000	17300		6120	7500	12000
Knee replacement	48000	8500	10000	13000	8000	14650		6375		10162
Gastric bypass	35000	11000	15000	20000	13000	8000		11069		
Hip resurfacing	47000	8250	10000	12000	12500	12500		7905		
Spinal fusion	43000	5500	7000	9000		15000				
Mastectomy	17000	7500	9000	12400		7500				
Rhinoplasty	4500	2000	2500	4375	2083	3200	1535	1700	2858	3500
Tummy tuck	6400	2900	3500	6250	3903	3000	1831	3500	3136	4810
Breast reduction	5200	2500	3750	8000	3343	3000	1668	3146	3490	5075
Breast implants	6000	2200	2600	8000	3308	2500	1248	5243	3871	4350
Crown	385	180	243	400	250	300		246	322	330
Tooth whitening	289	100	100		400	350		174	350	500
Dental implants	1188	1100	1429	1500	2636	950		953	650	1600

The price comparisons for surgery take into account hospital charges, but do not include the costs of flights and hotel bills for the expected length of stay

Source: March 2011, compiled from medical providers and brokers online

Other factors that are enhancing Poland's appeal as a healthcare destination include its convenient, central location in Europe and the opportunity to combine treatment with traditional tourism. Experienced by Poland within 2004-2009, the dynamic growth in the volume of health services used by foreign patients is the major indicator of Poland's increasing appeal as a place to seek treatment. According to OECD data, the annual growth rate in real terms for that period was substantial, at 42%. Significantly, this was the largest growth rate out of all the analyzed OECD countries. Furthermore, in 2009, the Polish medical-tourism sector recorded a turnover that accounted for 1.62% of total health expenditure (Figure 1 and 2.) (OECD, 2011).

Figure 1. Exports of health-related travel as share of total health expenditure in 2009

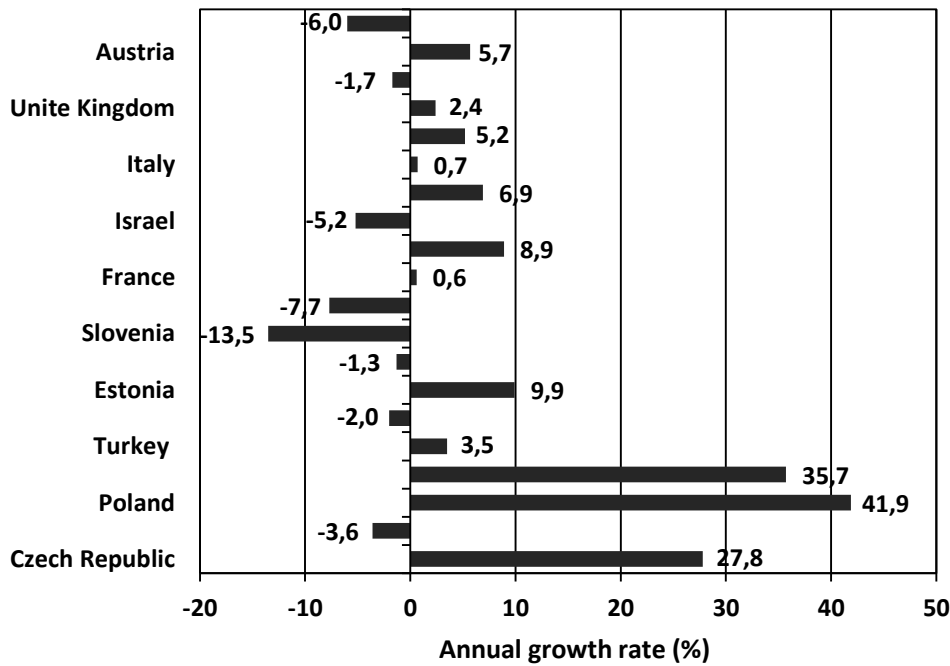


Note: health-related travel exports occur when domestic providers supply medical services to non-residents traveling for medical reasons

Source: OECD – Eurostat Trade in Services Database

Figure 2.

Annual growth rate of health-related travel exports in real terms, 2004-09 (or nearest year)

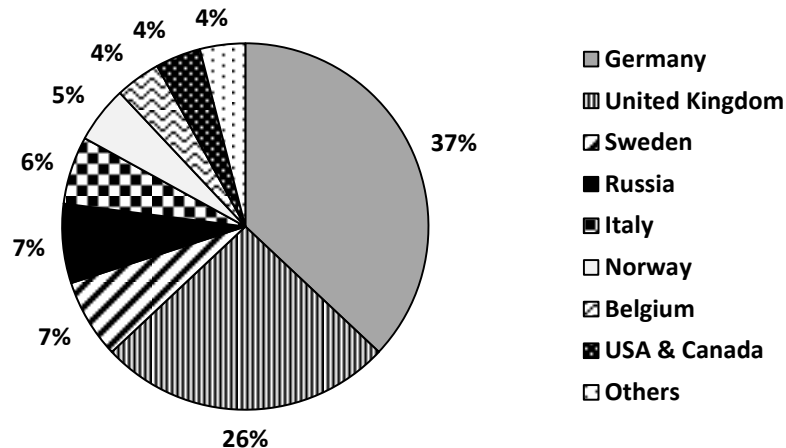


Source: OECD – Eurostat Trade in Services Database

This is confirmed by the data provided by the Market Health Journal (2012), according to which the income from health services provided to foreign patients had been on a steady rise, to about PLN 900 million a year, until 2010, when the international crisis brought the turnover figures down by approx. 30 percent. The Polish medical-tourism sector returned to an upward trend in 2012, with more than 300 thousand foreign patients, at which point it was worth an estimated PLN 800 million. This market segment is projected to grow in value at an annual rate of 15%.

The Germans and the British represent the largest group of foreign patients in Poland, followed by the patients from Sweden, Norway, Russia, Italy, Belgium and the United States (Figure 3). Until recently, they have been using services related primarily to plastic surgery (cosmetic or aesthetic) and dentistry. This has changed, however, with a growing demand being recently recorded for other branches of medicine, such as infertility treatment, orthopedics (especially hip and knee surgeries), rehabilitation, eye surgery, cardiology, cardiac surgery, and bariatrics. What is important is that medical tourism in Poland is growing not only within the border areas, but also inside the country.

Figure 3. Nationalities of foreign patients in Poland



Source: own study based on data from Tourmedica.pl sp .z o.o. [Ltd.]

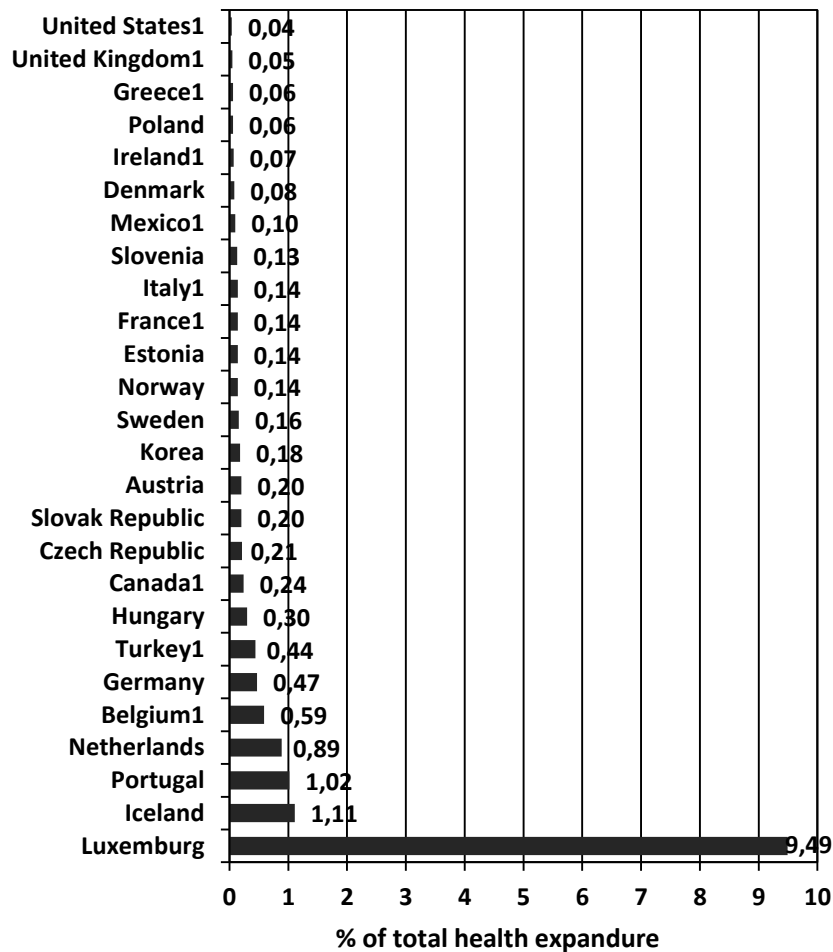
For example, Tricity, Kraków and Warsaw are major dental-tourism destinations in Poland as well as in the world (Poland being the second-most-popular dental tourism destination after Hungary). In some clinics, 30 percent of the patients are from abroad, mainly from the UK (who choose procedures that are highly expensive at home — dental veneer placement and dental prosthetics), Germany (dental implants), Belgium, Norway, Russia, Iceland and Denmark. Also Polish clinics specializing in cosmetic medicine or plastic surgery have a long-established reputation for delivering quality treatment to foreign patients. Many plastic and cosmetic surgeons cater for patients from Germany, the United Kingdom, Scandinavia and France. The most popular procedures include liposuction, breast correction, rhinoplasty, abdominoplasty, blepharoplasty and otoplasty. Poland is also becoming a major spot on the map of infertility treatment destinations, with Polish fertility clinics recording year by year a growing number of

clients from abroad. As well as seeking treatment, these clients look for innovative diagnosis (in particular the PGD-NGS method providing comprehensive information about embryo’s DNA with regard to diseases or genetic mutations) and ova banks, due to the long waiting times for these in their home countries.

3.2. Polish patients abroad

OECD data show that within 2004-2009 cross-border patient flows were on a downward trend (with annual growth rate in real terms being -4.0 percent) and represented a mere 0.06 percent of total health expenditure (see Figure 4 and 5) (OECD, 2011).

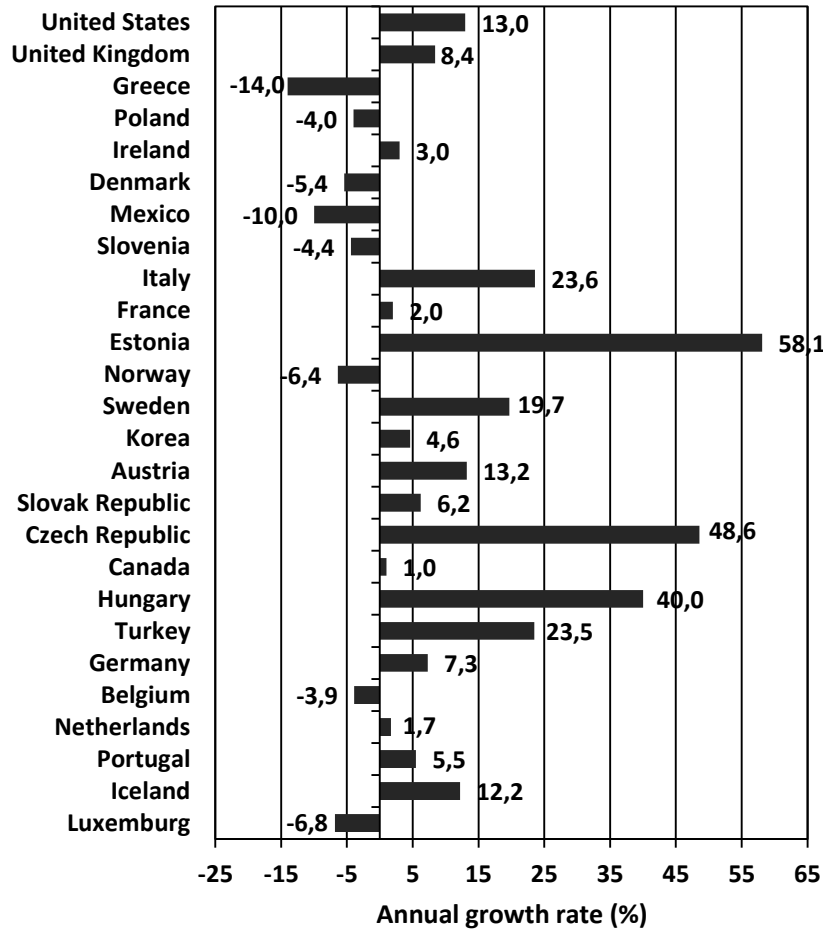
Figure 4. Imports of health care services as share of total health expenditure in 2009



Source: OECD – Eurostat Trade in Services Database

Figure 5.

Annual growth rate of health care services import in real terms, 2004-09 (or nearest year)



Source: OECD – Eurostat Trade in Services Database

Starting from 2011, however, the number of Polish patients using treatment abroad increased to 228 (as compared to 2009 and 2010, when the number was 30 and 27 percent lower, respectively). This data refers only to patients who used medical services that were authorized and paid for by the national purchaser (there is no data for patients paying for medical services on a “fee for service” basis). In 2011, the national purchaser (NFZ, the National Health Fund) spent almost PLN 17.7 million on treatments delivered abroad. The authorization to receive treatment abroad was granted to those patients who could not be treated in Poland due to procedural reasons or very long waiting times that put their health or life at risk. Among the most popular healthcare destinations chosen by the Poles were Germany and the United Kingdom, followed by Belgium, Austria, France and the Netherlands (Klinger, 2012).

The cross-border healthcare Directive has been in place since 25 October 2013. It will not be until 2014, however, that Poland enacts rules governing cross-border treatment. The draft Act regarding this subject shows that the legislator has no intention of reimbursing the costs of medicines that are not listed under Polish reimbursement schemes. This also applies to procedures which are not performed in Polish hospitals. The Polish legislator is also planning to embrace the many restrictions that the Directive allows, such as the requirement to receive prior authorization from the director of a voivodeship branch of the National Health Fund for procedures that involve the overnight hospital accommodation of patients for at least one night or require the use of highly-specialized medical equipment. It is also planning to keep the amounts that can be spent on treatment abroad within certain limits. In the 2014 financial plan, the National Health Fund earmarked PLN 367 million for this purpose (Ministry of Health, 2013). Behind this decision is the national purchaser's concern that a growing proportion of Polish patients will use medical services abroad (especially when it comes to procedures requiring long waiting times). This would lead to an increased transfer of health-insurance funds to foreign providers, potentially worsening the instability of the Polish healthcare system.

3.3. The challenges faced by Polish health-service providers and administrative authorities, and how they are being addressed

3.3.1. Challenges

While the Directive opens up new growth possibilities for Polish providers, it also generates a number of legislative, promotional, informational, and procedural challenges. The material and quantitative scope of medical tourism in real terms (against what is planned) will depend on a range of factors, including, most importantly, the quality, comprehensibility, availability and price of services provided.

When setting prices, providers must bear in mind their obligation to use uniform tariffs for all patients across the EU. Also, they should remember that in addition to the costs of the health service itself, individual foreign patients also bear accommodation and travel costs, to mention but two. Moreover, service providers must have the technical capacity to issue detailed invoices that will thoroughly specify all diagnostic and therapeutic procedures delivered, and also the medicines administered to patients (this being the condition for the cross-border healthcare service to be paid for by the national purchaser).

It is also worth noting that interest in medical services rendered in Poland might come not only from patients, but also foreign national purchasers and insurance companies. So, it might be a good idea to think about promotion, considering its scope, form and the tools to be employed. The Directive might delegate the responsibility for promotion to National Contact Points, but this does not mean individual service providers can refrain from pursuing informational and promotional efforts on their own. Poland has some formal restrictions in place with regard to the promotion of medical services, which is why Polish providers lack the knowledge of and experience in adequate, efficient and effective external communications. The Directive alone, however, can constitute the basic source of knowledge on what essential information a provider should communicate to potential patients.

In order to tap into the emerging opportunities, healthcare facilities often need to be quality-accredited by national and/or international accreditation bodies. Such accreditation attests to the high quality of services delivered by a health-service provider, this way winning the confidence of both patients and authorities. Currently, outpatient surgeries in Poland are not eligible to receive accreditations from the national accreditation body “Centrum Monitorowania Jakości w Ochronie Zdrowia” (the Centre for Quality Monitoring in Healthcare). This procedure should be changed, however, given the fact that the health services received by foreign patients in Poland are for most part delivered in outpatient surgeries.

Another issue to be addressed involves the availability of services. Although patients using cross-border healthcare will not be entered onto the national waiting lists, one should make sure that the admissions of foreign patients in no way disrupt the services provided under contracts with the national purchaser. In practice, however, this might prove extremely difficult indeed.

The public administration is facing the challenge of how to persuade the public to wait for medical services rendered in Poland, especially when it comes to those involving long waiting times and non-life- or health-threatening diseases. What might create a chance for the Polish healthcare system is the Act on supplemental healthcare insurance. If passed, it might not only take much of the strain off National Health Fund, in particular as far as less specialized procedures are concerned, but also make the healthcare system more effective and stable. In 2010, the Polish healthcare market was worth an estimated PLN 90 billion, of which PLN 30 billion was private expenditures, including PLN 12 billion out-of-pocket expenses (Ministry of Health, 2011). Furthermore, the Act could improve access to private healthcare both at home and abroad. It will probably come into force in 2014. At the moment, the supplemental health insurance market is in its early expansion phase, with its growth patterns exhibiting no significant changes. It is estimated that by 2010, as few as 400,000 Poles had insurance policies, totaling about PLN 160 million in value (The Polish Insurance Association, 2011).

3.3.2. Poland addressing the challenges

Being aware of the opportunities offered by the medical-tourism market, both health-service providers and state institutions work on promoting awareness among foreign patients and insurers with regard to the qualitative (medical and technological) potential of healthcare in Poland to encourage them to use the health services there. Consequently, Polish providers are redoubling their efforts to diversify their sales channels and provide foreign patients with increasingly good services by, among other things, investing in infrastructure and new technologies, and reducing language barriers between the patient and the medical staff (physicians and nurses).

They are also making efforts to engage in cooperation with foreign insurance companies. Promotional measures that have been undertaken by both individual healthcare facilities (in that they, for instance, translate their websites into several languages) and state authorities are important as well. Indeed, recognizing the growing interest from foreign patients in receiving treatment in Poland and the growing economic potential of this country, the Ministry of Economy has identified medical tourism as one of fifteen most promising export sectors of Poland, and engaged in its promotion. In 2012, a project was launched with a view to promoting Poland internationally as a country that is appealing not only as a tourist, but also as a medical destination. The project is scheduled to last until 2015. A two-tier approach was adopted with

regard to promotion, in that it encompasses individual products, services and companies in the medical-tourism sector, as well as the sector at large. In line with this approach, the plan is to present Polish healthcare facilities to foreign medical tourism agents, insurers and individual patients. Poland is being promoted as a country with excellent physicians, specialists in a variety of fields, surgeons, dentists, physiotherapists and other professionals committed to improving patients' physical condition, who work in appropriately-equipped, properly-staffed, high-quality healthcare facilities (Ministry of Economy, 2011).

Delegates of service providers involved in the project participate in international conferences, fairs and trade shows, trainings and also economic missions. The project was joined in by several dozen facilities — hospitals, specialized clinics, sanatoriums, wellness and spa centers — and also by medical tourism agents from across Poland. The promotion is aimed primarily at the patients from Germany, Russia, the United Kingdom, Sweden, Denmark, Norway and the United States (Ministry of Economy, 2011). A portal polandmedicaltourism.com has also been set up under the project to provide information on healthcare facilities representing a total of 22 medical specializations. What is more, a variety of promotional publications (such as catalogues) has been produced, and a video about medical tourism in Poland is under production.

All the promotional activities have been pursued under the slogan of “Poland — Your Health Destination”, whose aim is to create the brand of medical tourism in Poland, not only as far as medical treatment goes, but also with regard to health resorts, spas and wellness centers. The state authorities were also joined in their promotional efforts by the Polish airline PLL LOT, which now provides discounts to all passengers who can prove that they travel to Poland for medical purposes. The discounts are for Petersburg — Warsaw and USA — Warsaw routes.

4. Conclusions

As demonstrated by the data discussed in this paper, medical tourism represents a dynamic sector with the potential to grow fast. Adopted in October 2013, Directive 2011/24/EU of the European Parliament and of the Council makes it easier for the EU patients to look for and use treatments in all Member States. This allows the assertion that within the years to come, Member States providing high-quality medical services at competitive prices might be looking at substantial profits from the broadly-understood medical tourism.

The authors of this paper demonstrate Poland as one of the member states that has just the right assets to become a major player on the European and international healthcare market within the years to come. Poland must be quick in tackling its legislative and bureaucratic problems, in order not to miss the opportunities offered by the structural changes that are taking place in the discussed sector. This process must go hand in hand with the efforts of the Polish medical sector to continue improving the quality of its diagnostic and therapeutic services with a view to give it a competitive edge over other European countries (mainly the developing ones).

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