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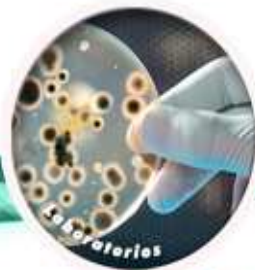
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FEDERACION DE ASOCIACIONES DE
LATINOAMERICA, EL CARIBE Y ESPAÑA
DE ENTIDADES DE TECNOLOGIAS
DE LA INFORMACION



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U.S. Healthcare Reform and its Impact for Latin America: The Coming Storm?

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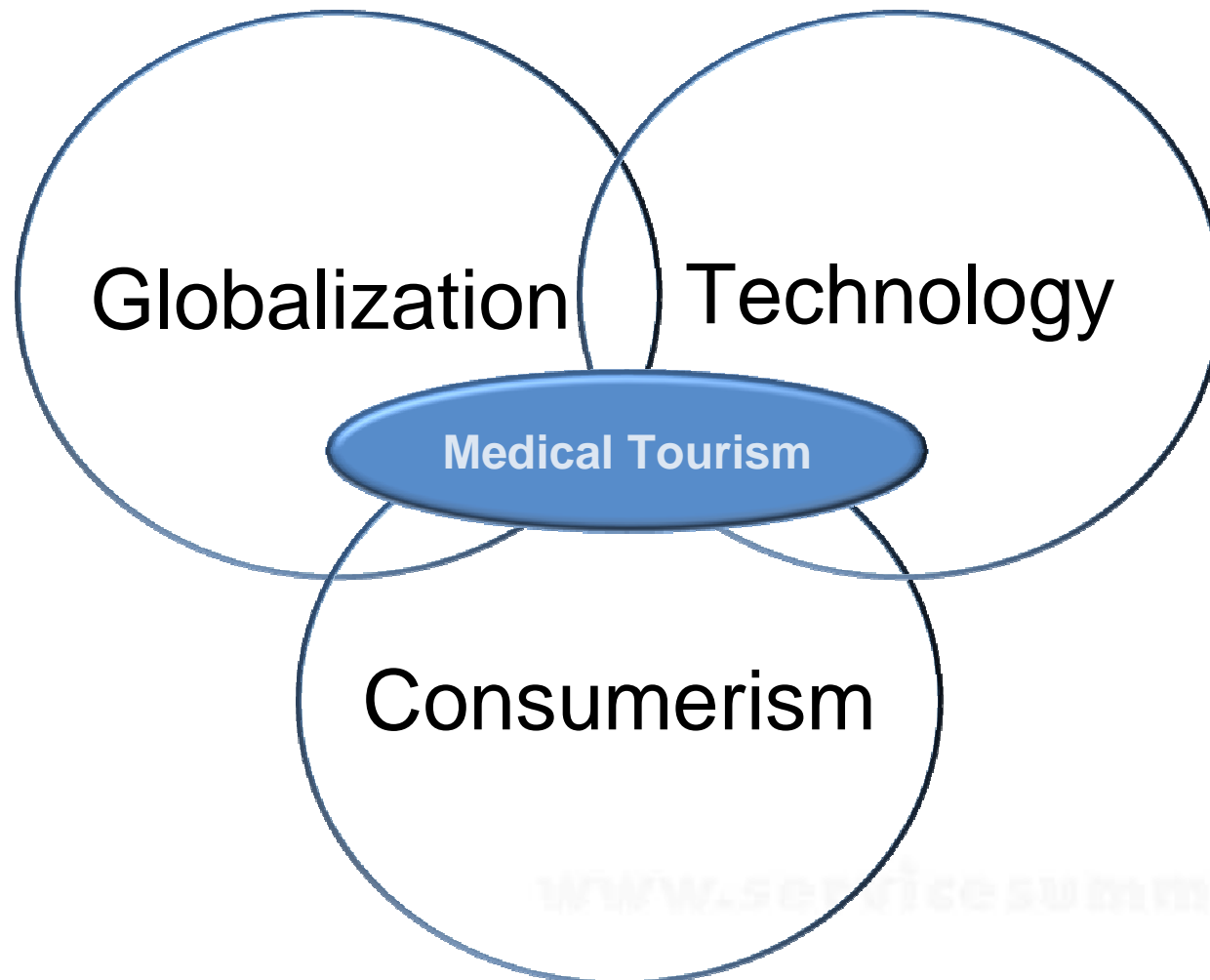
San Antonio, Texas, USA



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- The Three Drivers of Medical Tourism
- The Coming Storm?
 - Reason #1- Aging
 - Reason #2- Lifestyle
 - Reason #3- Technology
 - Reason #4- Sustainability
- Healthcare Reform in the U.S.
- Suggestions For Guatemala
 - Suggestion #1- COEs
 - Suggestion #2- Focus on Quality
 - Suggestion #3- Pick Your Spots
 - Suggestion #4- The Grey Tsunami
 - Our Survey



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“Storms make oaks take deeper root.” com
George Herbert

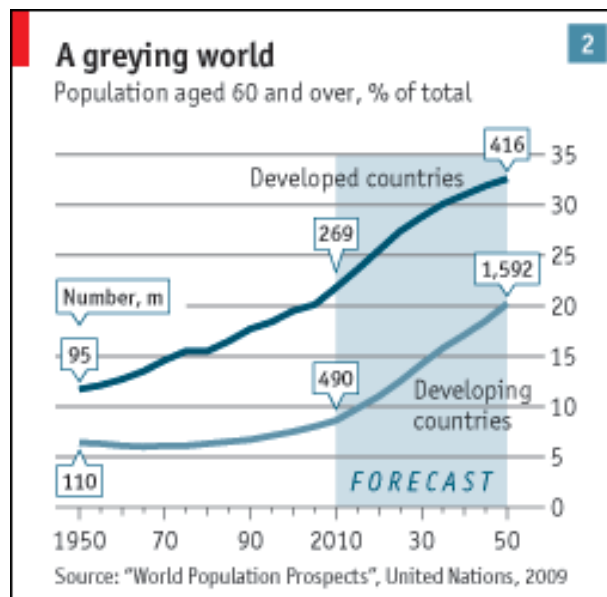


HR Executive Online- Feb 21st, 2011

- The recently released Towers Watson Global Medical Trends survey projecting the average medical-cost increase for employer-provided health insurance will be 10.5% globally.
- Latin America (13.7%) will see the largest increase in healthcare costs, followed by North America (11.6%), Middle East/Africa (10.3%) and Asia Pacific (10.2%). Only Europe (barely) was in the single digits at 9.1%.
- **Almost all respondents (95%) project a medical trend that is two or three times the rate of general inflation.**



Reason #1- Aging



One reason for the global cost increase is an aging -- and, in turn, costly -- workforce, says ...Aon Hewitt.

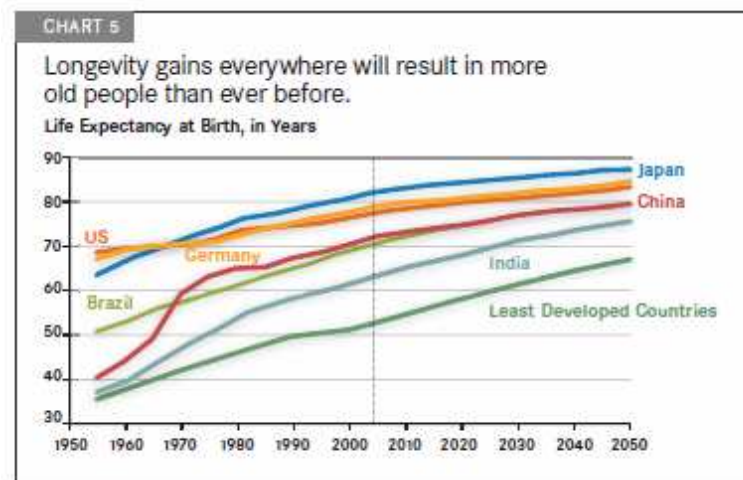
"It's not just a U.S. issue. There's an aging workforce across the world".

HR Executive Online- Feb 21st, 2011

"The rich world's population is ageing fast, and the poor world is only a few decades behind. ...by 2050 (the population of people over the age of 60) will have risen to 22% (of a population of over 9 billion), and in the developed countries to 33%. To put it another way, in the rich world one person in three will be a pensioner; nearly one in ten will be over 80." The Economist 2009



Aging: Factors



Stanford Data

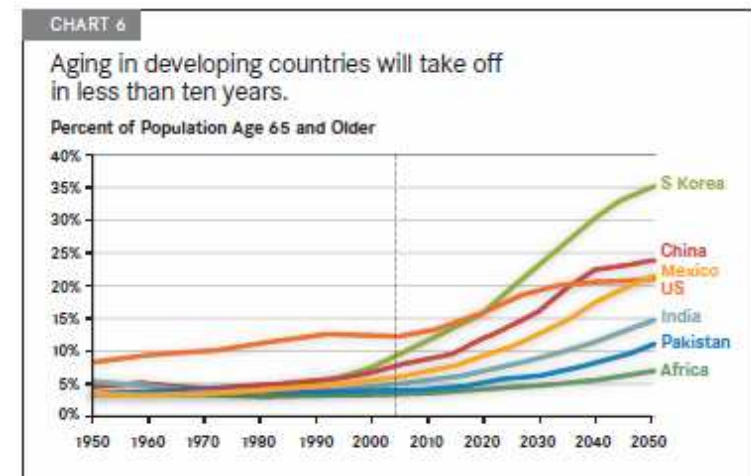
The temporary blip that has magnified the effects of **lower fertility** and **greater longevity** is the baby-boom that arrived in most rich countries after the second world war. The timing varied slightly from place to place, but in America—where the effect was strongest—it covered roughly the 20 years from 1945, a period when nearly 80m Americans were born. The first of them are now coming up to retirement. **For the next 20 years those baby-boomers will be swelling the ranks of pensioners, which will lead to a rapid drop in the working population all over the rich world.**

The Economist 2009



Aging: Trends

- Close to 1 million more people in the world age 65+ EVERY MONTH!
- Top 3 countries adding people 65+ are: India, China and US
- Many developing countries will “get old before they get rich”
 - These may include the BRIC and N-11:
 - Bangladesh, Egypt, Indonesia, Iran, Korea, Mexico, Nigeria, Pakistan, the Philippines, Turkey, and Vietnam



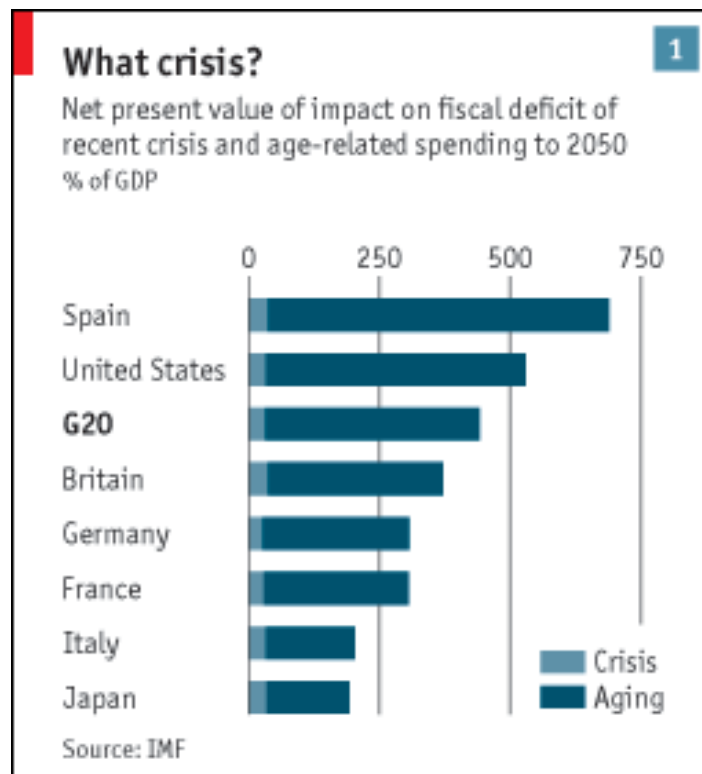
Stanford Data

IFC 2009

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Aging: Healthcare



Stanford Data

For the public finances, an ageing population is a huge headache. In countries where public pensions make up the bulk of retirement income, these will either swallow up a much larger share of the budget or they will have to become a lot less generous, which will meet political resistance (and remember that older people are much more inclined to vote than younger ones). **Spending on health, which in most rich countries has been going up relentlessly anyway, is likely to grow even faster as patients get older.** And because of a huge increase in the number of over-80s, a lot more money, and careful thought, will be needed to provide long-term care for them as they become frailer.

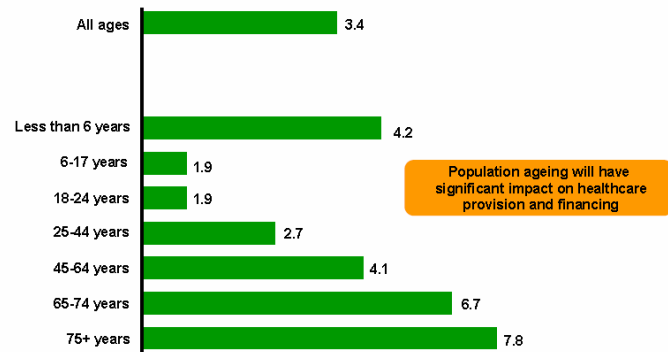
The Economist 2009



Aging: Utilization

65+ pop'n has much higher health needs

Number of visits per year per capita by age of patients in USA



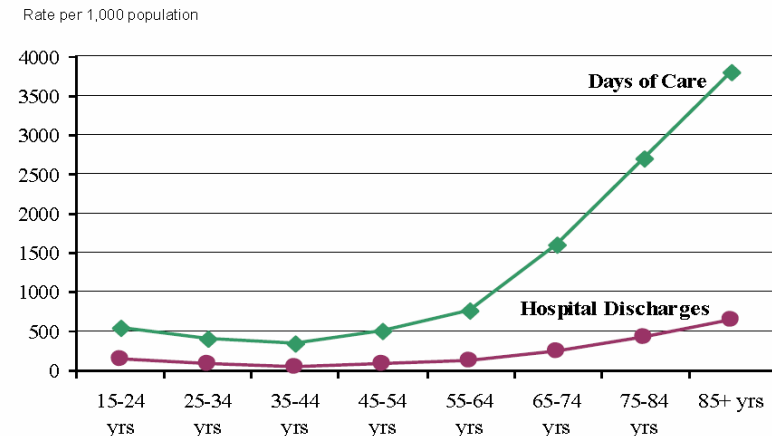
Source National Ambulatory Medical Care Survey (NAMCS)

“Cancer is seen mostly in older people, and tends to be more common in societies without as much of the diseases, violence and other problems that kill people early in life.”

AP Feb. 2011

AHA Data

And hospital use increases with age





Reason #2- Lifestyle

Another factor is the growth of a global middle class -- leading to the spread of Westernized lifestyles, where people have the luxury to eat fatty, processed foods and live sedentary lives.

"People are doing less physical activity and eating higher caloric content"

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Obesity, with BMIs 30 and above, has reached epidemic proportions worldwide. According to the World Health Organization, or WHO, over 1 billion adults globally are overweight, with BMIs 25 to 29.9, and at least 300 million are obese. The **WHO attributes the increased prevalence of high BMIs to increased consumption of sugar and saturated fat, and decreased physical activity.** BMIs of 25 and above can increase the risk for developing diseases such as diabetes, heart disease, high blood pressure and some forms of cancer.

LiveStrong.com 2010



Lifestyle: Chronic Disease

- Less infectious disease
 - Fewer people die young from infections
 - They now live long enough to get diseases of older people
 - And they have more money: afford to eat more, do less physical work, afford more alcohol and tobacco
- Result into :
 - More cancer, heart disease and other chronic conditions

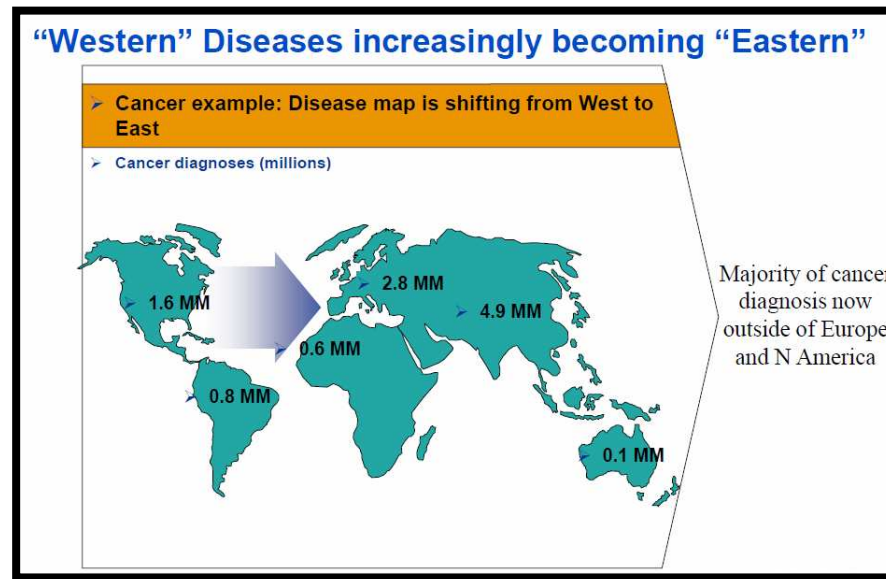
IFC 2009

“Socio-economic development, characterized by increasing income and access to modern amenities and services, has led to **changes in the population’s nutritional and lifestyle habits, increasing the prevalence of lifestyle-related medical conditions such as obesity, heart disease and diabetes.**”

Grant Thornton 2009



Lifestyle: Cancer

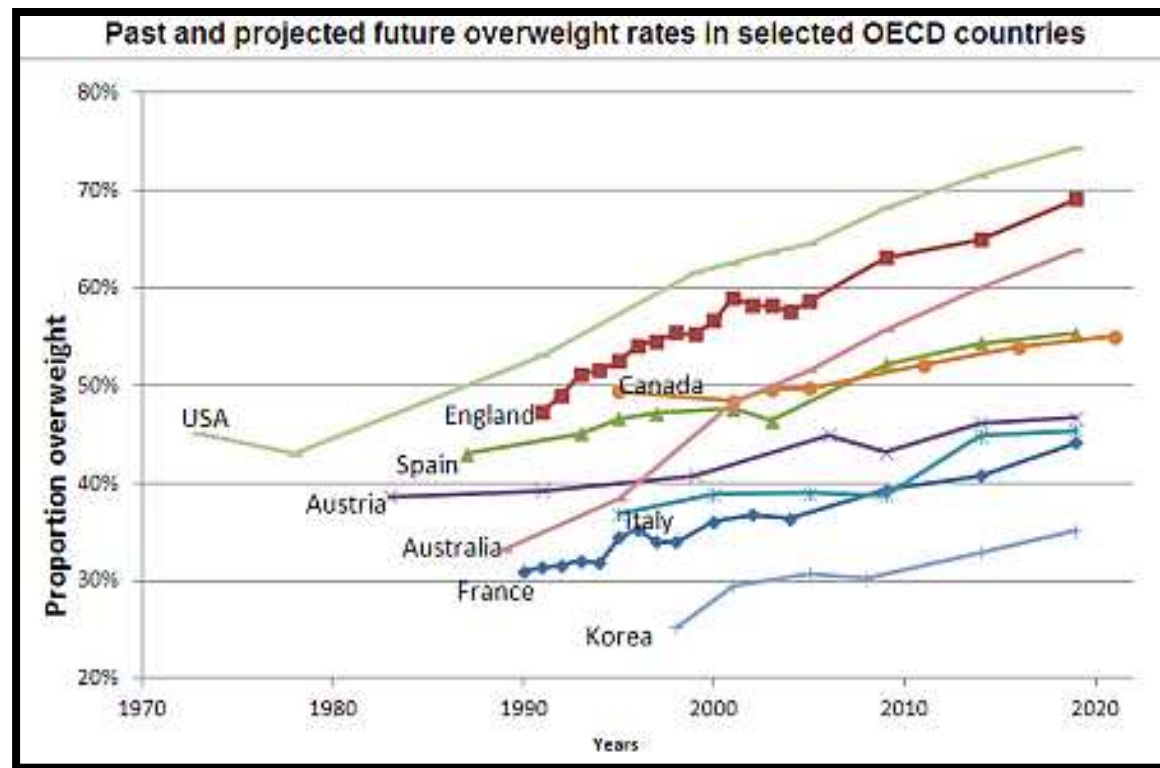


IFC 2009

“Fat cancers” usually associated with wealthy countries are becoming more common in the developing world, too, according to new reports. Obese people are thought to be at higher risk for many so-called “fat cancers,” including breast and colon cancer. AP Fri Feb 4, 2011



Lifestyle: Obesity



OECD
2010

“...Obesity rates worldwide have doubled in the last three decades, especially in the West but also nearly everywhere else.” AP Fri Feb 4, 2011



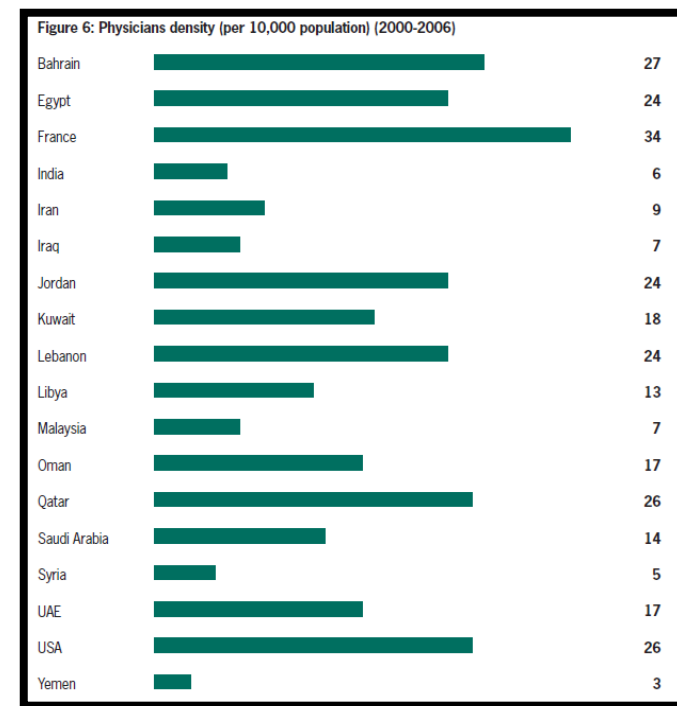
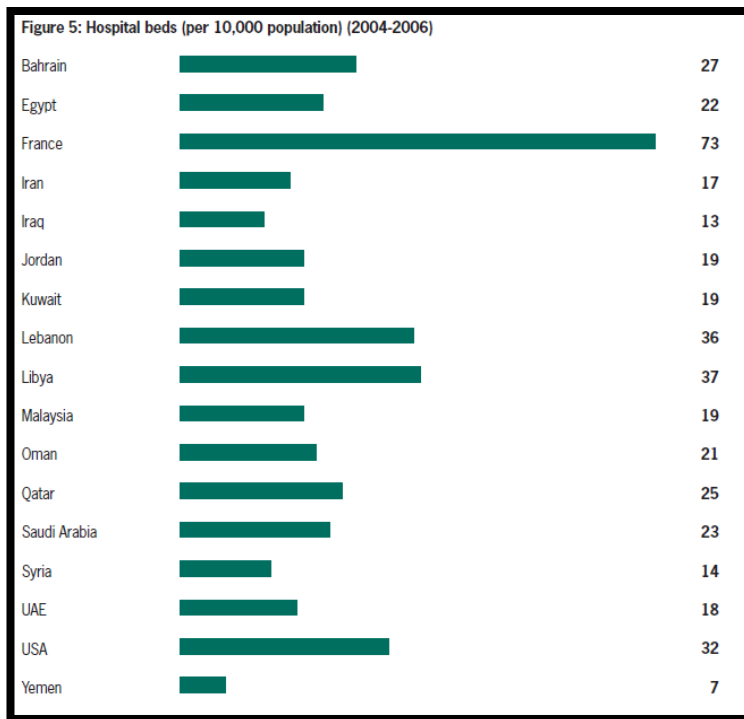
Lifestyle: Affluence

- Obvious in developing economies
 - “Africa is the new Asia”- BBW Oct. 2010
- Compound annual economic growth rates at 7%
 - The global national income doubles every decade
 - A nearly thirty-fold increase in half a century
- Healthcare spending in BRIC countries is believed to top \$500 billion this year
 - The growth was fueled by increasing affluence and the comparatively lighter impact of the recession on these countries

WorldBank Data



Lifestyle: Resources



WHO Data

A growing, more affluent population competing for ever scarcer resources could make for an "unrecognizable" world by 2050... The swelling population will exacerbate problems, such as resource depletion... AFP Feb. 20th, 2011



Lifestyle: Example- China

“The obese are concentrated in the urban centers of the east, where wages have risen quickly and lives of daily physical toil are less and less a feature of working lives.” ...

“...China's obese population is growing 30 to 50 percent each year. If you extrapolate that growth out for a few more decades as the country gets richer, the country will have a very big problem in years to come.”

PBS June 2010

““Even more staggering, **China has 90 million people with diabetes** and India has 55 million.”...

"All you have to do is go to places like China and look at the proliferation of Kentucky Fried Chicken" for proof of less-healthy foods spreading around the world..." HR Executive Online 2011



Lifestyle: Travel

- Article from Bloomberg Businessweek (Oct. 2010)-
 - Between China and India they have over 1.1 billion middle-class consumers. This is leading to increasing amounts of air travel from and to Asia and there is a severe shortage of pilots.
 - The International Civil Aviation Organization forecasts that airlines worldwide will need an average of 49,900 new pilots a year from 2010 to 2030 as fleets expand, yet current annual training capacity is only 47,025.
- From Boeing (Sep. 2010)-
 - The commercial aviation industry will require 466,650 pilots and 596,500 maintenance personnel over the next 20 years to accommodate the strong demand for new and replacement aircraft.
 - Airlines will need an average of 23,300 new pilots and 30,000 new maintenance personnel per year from 2010 to 2029.



Lifestyle: Tourism

- Worldwide travel and tourism is expected to be 9.2% (\$5,751 bil. USD) of GDP in 2010
 - Forecasted to be 9.6% (\$11,151 bil. USD) by 2020
- 8.1% (235,785,000) jobs, or 1 in 12.3 jobs in 2010
 - 9.2% (303,019,000) jobs, or 1 in every 10.9 jobs by 2020



Reason #3- Technology

“The cost increases... are also driven by advances in medical research and technology, which result in more effective -- and more expensive -- diagnostic tools and medical procedures.”

HR Executive Online- Feb 21st, 2011

- Rising affluence and demand for sophisticated healthcare will drive the market for medical devices in Asia higher.
- Experts say the next 10 years may also see more patients using medical devices to monitor their own health and the need to create such products will open up opportunities for start-ups to get into the industry.

Singapore News Dec 2010



Technology: Costs

- Technological innovation in health care is an important driver of cost growth. Doctors and patients often embrace new modes of treatment before their merits and weaknesses are fully understood. These technologies can lead to increases in costs, either because they are simply more expensive than previous treatments or because their introduction leads to an expansion in the types and numbers of patients treated.

New England Journal of Medicine August 2010

Expensive new procedures ...play no small role in the relentless rise of Medicare expenditures. Wall Street Journal Dec 2010



Reason #4- Sustainability

In markets with socialized systems, such as China and India, multinational companies are taking on more healthcare costs because the state-run plans provide only a basic level of coverage.

State-run healthcare services "aren't adequate to provide the type of insurance coverage that people need, so private insurance is growing in popularity and adding cost..."

HR Executive Online- Feb 21st, 2011

"Lack of private sector involvement, shortage of trained medical staff and governments slow to invest the proceeds of economic growth contributed to the slowdown in health spending in some of the wealthier countries (in the Middle East).

Public sector healthcare facilities in the region are finding it increasingly difficult to keep up with the growing demands of their people.

Government led privatisation programmes are now being used to address these issues."
Grant Thornton 2010



Sustainability: Threats

- Our country's health care is by far the most expensive in the world. In Washington, the aim of health-care reform is not just to extend medical coverage to everybody but also to bring costs under control. **Spending on doctors, hospitals, drugs, and the like now consumes more than one of every six dollars we earn.** The financial burden has damaged the global competitiveness of American businesses and bankrupted millions of families, even those with insurance. It's also devouring our government. "The greatest threat to America's fiscal health is not Social Security," President Barack Obama said in a March speech at the White House. "It's not the investments that we've made to rescue our economy during this crisis. By a wide margin, the biggest threat to our nation's balance sheet is the skyrocketing cost of health care. It's not even close."

Gawande- New Yorker 2009



Sustainability: Spending

- Health care spending devoured 54% of federal revenue in 2009, up from 38% in 2008 and up from 28% in 2007.
- Health insurance customers, brokers, insurers and policymakers have been wondering for decades when customers would run out of the ability to absorb further health care and health insurance cost increases.
- Insurers may have neared or reached that limit in 2009.

National Underwriter Jan. 2011

“...large budget deficits mean outsourcing to the private sector could increase at the same time as spending on public service is cut.” Grant Thornton 2010



Sustainability: Example- Medicaid

- Medicaid to an additional 16 million Americans starting in 2014. But states say that swell in enrollment could make the program unmanageable. ...
- Medicaid... has become most states' top spending conundrum. Although the federal government pays 57% on average of states' Medicaid costs, states are straining to cover the other 43% because Medicaid enrollment continues to rise.
- Medicaid enrollment rose to 47.8 million people in 2009 from 42.6 million in 2008, according to the Census Bureau. The percentage of Americans on Medicaid is the highest since 1987.
- Prevented from paring enrollment, states have cut services, including Arizona's limiting of Medicaid coverage for organ transplants.

Wall Street Journal 2011



Sustainability: Example- DOD

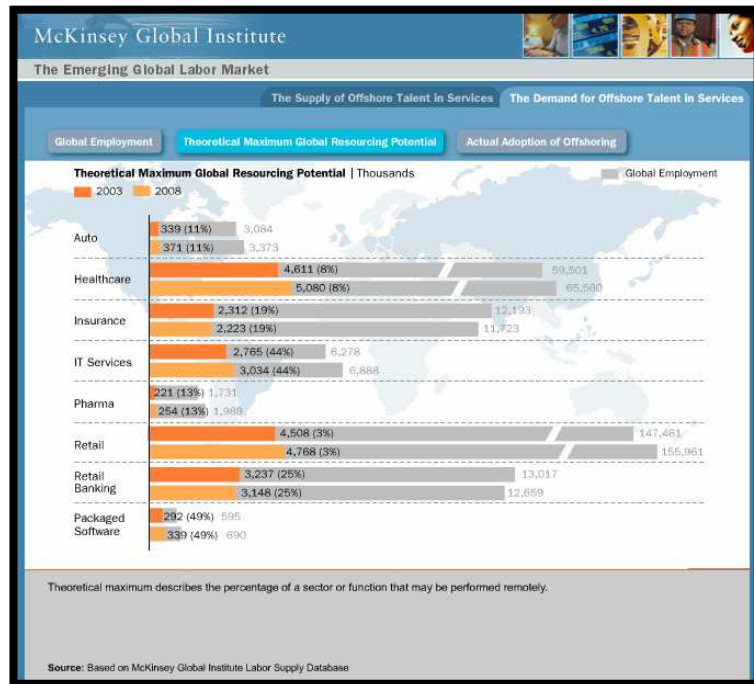
- Of nearly 4.5 million military retirees and their families, about three-quarters are estimated to have access to health insurance through a civilian employer or group. But more than two million of them stay on Tricare. As the costs of private health care continue to climb, their numbers are only expected to grow.
- (The DOD) faces a deadline this week for getting an agreement on a plan to address the federal budget deficit. The battle over Tricare pits the efforts of the Pentagon to contain the exploding cost of health care for nearly 10 million eligible beneficiaries...
- **Total health care costs for the Pentagon, which is the nation's single largest employer, top \$50 billion a year, a tenth of its budget** and about the same amount that it is spending this year on the war in Iraq. Ten years ago, health care cost the Pentagon \$19 billion; five years from now it is projected to cost \$65 billion.

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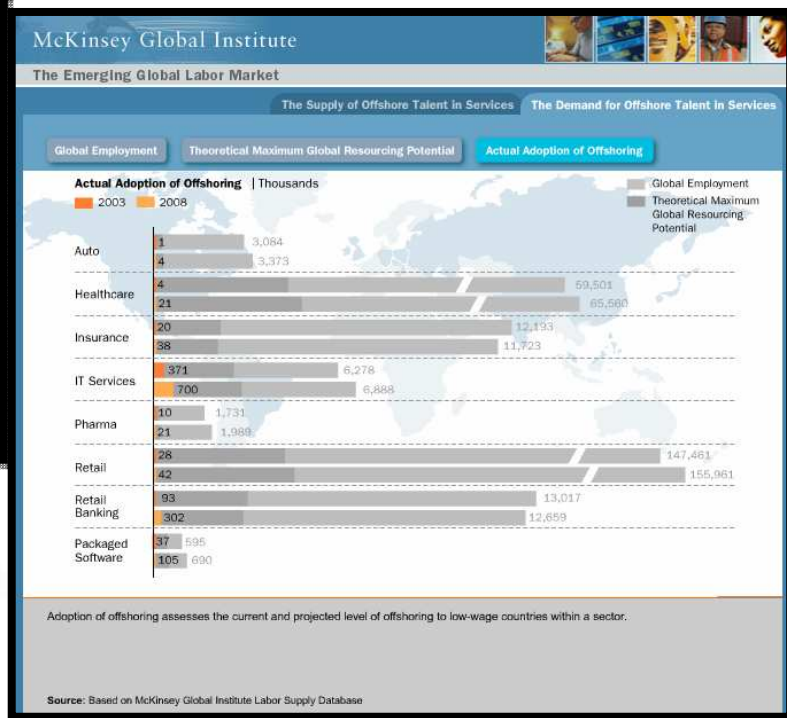
New York Times Nov. 2011



Healthcare Outsourcing Market



McKinsey Website





Benefits from Healthcare Trade

EXHIBIT 1
Estimating The Gains From Trade In Health Services For The United States

Procedure	U.S. inpatient price (\$)	U.S. inpatient volume	U.S. outpatient price (\$)	Estimated U.S. outpatient volume	Foreign price including travel cost (\$)	Savings if 10% of U.S. patients undergo surgery abroad instead (\$)
Knee surgery	10,335	399,139	4,142	60,000	1,321	376,698,470
Shoulder arthroplasty	5,940	23,300	7,931	— ^a	2,217	8,674,829
TURP	4,127	111,936	3,303	88,064	2,413	27,029,437
Tubal ligation	5,663	78,771	3,442	621,229	1,280	168,834,441
Hernia repair	4,753	40,553	3,450	759,447	1,651	149,254,906
Skin lesion excision	6,240	21,257	1,696	1,588,884	805	153,078,349
Adult tonsillectomy	3,398	17,251	1,931	102,749	1,006	13,641,759
Hysterectomy	5,783	640,565	5,420	— ^a	1,987	243,163,366
Hemorrhoidectomy	4,945	12,787	2,081	137,213	865	21,893,438
Rhinoplasty	5,050	7,265	3,417	42,735	1,936	8,590,926
Bunionectomy	6,046	3,139	2,392	41,507	1,502	5,120,817
Cataract extraction	3,595	2,215	2,325	1,430,785	1,247	154,681,706
Varicose vein surgery	7,065	1,957	2,373	148,043	1,411	15,350,137
Glaucoma procedures	3,882	— ^a	2,292	75,838	1,086	9,143,374
Tympanoplasty	4,993	754	3,347	149,246	1,404	29,258,785

SOURCES: Healthcare Cost and Utilization Project (HCUP) database; DRG Expert (2005); *Current Procedural Terminology* (2004); Vanbreda International; and authors' calculations. Outpatient volume was obtained from the American Association of Orthopedic Surgeons, the American Urological Association, the National Center for Health Statistics, the U.S. Centers for Disease Control and Prevention, the American Society for Dermatological Surgery, the American Academy of Otolaryngology, the American Podiatric Medical Association, the American College of Phlebology, and Ethicon Endosurgery.

NOTES: Patient volume data pertain to 2002, while the prices pertain to 2004. Total savings would be \$1,384,414,741. TURP is transurethral resection of the prostate.

^aData not available.

Source: Mattoo and Rathindran (2006)- Health Affairs



Healthcare Reform in the U.S.

- Many of the procedures currently very common in medical tourism will not be significantly affected by health care reform (such as dental, cosmetic, and alternative therapies) and some surgeries (such as ortho, oncology, cardio, and neuro) may be affected by extended wait times.
- In addition (and probably most importantly), employers will still be faced with increasing healthcare costs, additional pressures on lowering premiums, and required to cover more employees. This is the least served of the stakeholders in the U.S. and therefore one of the most important for medical tourism providers.



Healthcare Reform in the U.S. (more)

- The increase of the number of insured, the removal of lifetime/annual caps, the reduction of the pre-existing conditions, and patients increasingly paying with government 'low margin' programs will result in greater patient volumes at U.S. facilities and lower profits.
- Currently, the U.S. overall healthcare capacity (due to increased volumes, lack of human capital, and increased utilization by an aging population) will not be able to handle the increased load (this is the surprisingly under-researched and under-debated issue in the reform debate) thus resulting in longer wait times, reduced quality, 'rationing' of care, and ultimately the increased need to 'outsource' extra capacity.



SUGGESTIONS FOR GUATEMALA

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Suggestion #1- Centers of Excellence (COE)

- COEs allow for better:
 - Creation of best practices
 - Economies of scale
 - Outcomes
 - Branding
 - Recruiting
 - Differentiation

Example-

In the example of Lowes and the Cleveland Clinic- Mercer estimated (in one of the cases) that this travel for healthcare saved as much as \$61,000 USD per patient for cardiac care.



Suggestion #2- Focus on Quality

- Well known price and quality differences between countries:
 - Study demonstrates better survival for Gastric Cancer patients in Korea compared with the US (Annals of Surgery April 2010)
 - Study finds that foreign-born doctors practicing in the United States who earned their medical degrees abroad performed as well or better than their U.S.-born counterparts (Health Affairs 2010)
 - Nothing currently on Guatemalan care...

Examples-

Daewoo (2010); IDMI Systems Inc. (2010); Berner Food & Beverage (2009); Blue Lake Casino (2008); & Serigraph (2008).



Suggestion #3- Pick Your Spots

- ...most retirees have relied either on their own financial resources or retiree health insurance offered by their former employers to finance post-retirement dental care, and most retirement insurance does not include dental care. One study showed only 14.5% of post-sixty-five-year-old dental patients have dental insurance, and another indicated that fewer than 20% of Americans seventy-five and older have any form of private dental insurance.
- Journal of Dental Education September 1, 2005 vol. 69 no. 9 1051-1057

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SUGGESTION #4: THE GREY TSUNAMI

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Retirement in the U.S.

- According to James Poterba, an economics professor at MIT, the U.S. has three types of retirement households:
 - Least well-off, perhaps a quarter of the total, who will maintain something close to their previous standard of living on Social Security and Medicare, even with few savings.
 - Richest 10-15%, who hold significant assets and may not need to draw them down.
 - Large majority in between, who will have to rely on their own, often inadequate, savings in retirement.

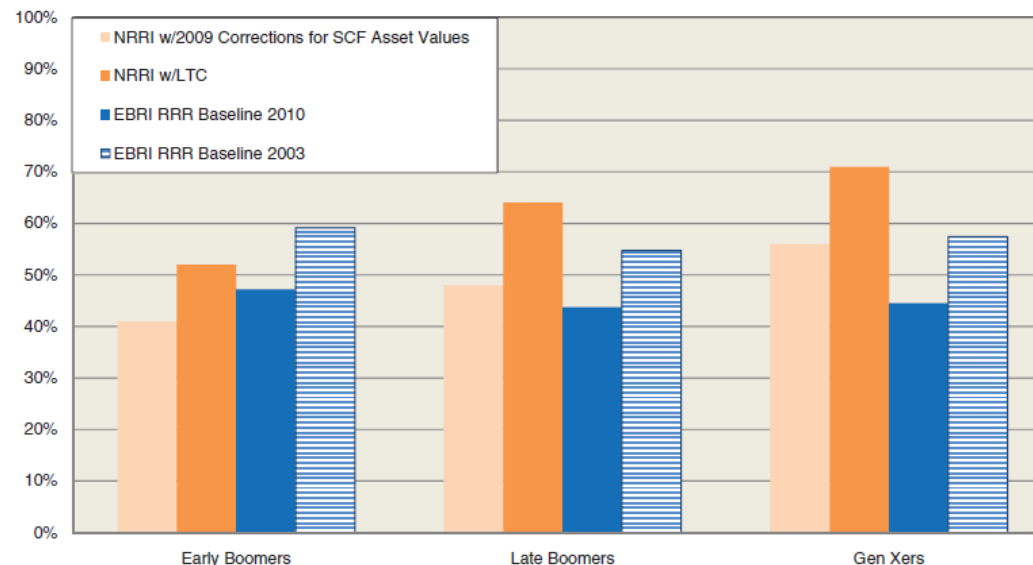
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The Economist 2009



Retirement at Risk

- 2010 Retirement Readiness Rating finds that nearly one-half (47.2%) of the oldest cohort (Early Baby Boomers) are simulated to be “at risk” of not having sufficient retirement resources to pay for “basic” retirement expenditures and uninsured health care costs.



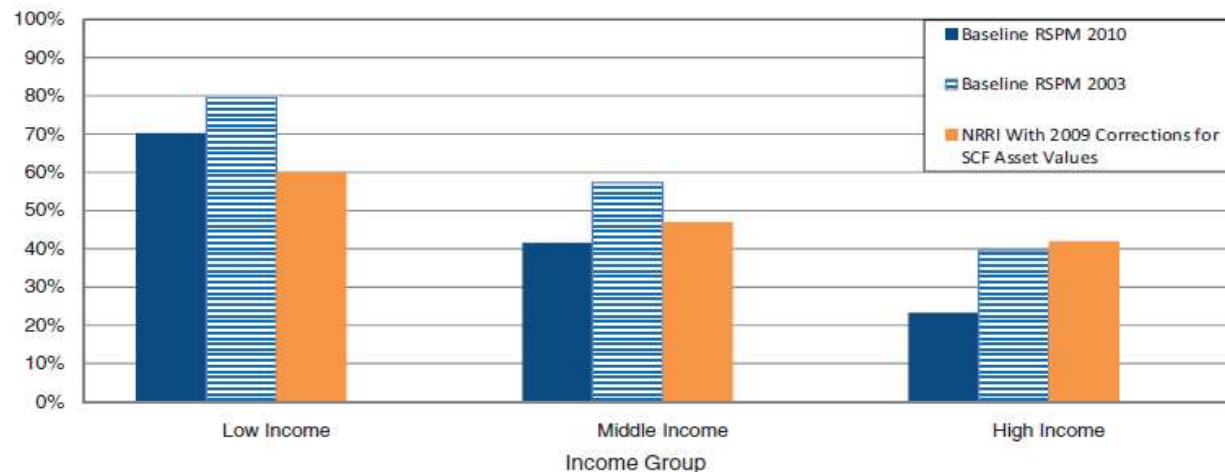
EBRI Retirement Readiness Rating 2010



Retirement Concerns

- In thinking about their financial well being in retirement, the issue of most concern to employees is being able to afford/pay for the basic necessities (27%).
- The issue most concerning to retirees is outliving their savings, selected by one-fifth of the retirees.
- Being able to afford good medical care is also of concern for many retirees as it was chosen by nearly one-fifth of the retirees (19%).

Principal Well Being Index 3Q 2010



**EBRI
Retirement
Readiness
Rating 2010**



Top 25 Countries to Retire

International Living's Top 25 Countries to Retire in 2010									
Country	Real Estate	Sp. Benefits	Cost of Living	Culture	Health	Infra.	Safety/ Stability	Climate	Total
1. Ecuador	100	95	73	62	72	45	86	96	81
2. Panama	93	100	62	63	77	74	93	69	80
3. Mexico	94	90	68	66	76	59	81	92	79
4. France	78	60	59	81	100	92	100	87	78
5. Italy	85	65	64	85	90	62	100	87	78
6. Uruguay	94	80	64	72	72	61	100	93	77
7. Malta	88	72	66	71	80	52	100	95	76
8. Chile	95	87	60	67	73	73	98	59	76
9. Spain	90	65	56	68	90	66	100	79	75
10. Costa Rica	95	76	62	60	78	60	95	79	75
11. Brazil	92	74	66	61	73	62	83	82	74
12. Argentina	92	60	61	70	82	56	100	91	74
13. Colombia	98	70	68	58	72	44	71	92	73
14. New Zealand	96	55	58	59	86	70	100	84	73
15. U.S.	57	78	57	79	78	100	100	80	73
16. Portugal	72	74	60	72	77	56	100	83	72
17. Australia	57	69	56	58	87	92	100	84	71
18. Belize	83	78	69	58	60	60	82	65	70
19. Malaysia	96	62	66	71	68	44	86	43	69
20. Ireland	78	80	28	81	79	60	100	65	68
21. Nicaragua	98	60	66	57	66	36	69	68	67
22. U.K.	57	80	30	70	84	80	100	66	67
23. Honduras	97	50	65	32	66	40	71	83	64
24. Dom Rep	97	60	58	47	60	40	70	57	63
25. Thailand	92	45	68	65	63	32	60	24	61

Note: The U.S. is 15th on this list.

International Living 2010



International Location Factors

- How was International Living's 2010 top locations ranked?
 - Real Estate - Weight: 15%
 - Entertainment, Recreation, and Culture - Weight: 10%
 - Cost of Living - Weight: 20%
 - Safety and Stability - Weight: 5%
 - Health Care - Weight: 20%
 - Climate - Weight: 5%
 - Special Benefits - Weight: 20%
 - Infrastructure - Weight: 5%

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International Living 2010



Research Purpose

- Profile prospective retirement tourists
- Investigate prospective retirement tourists' medical tourism attitudes and potential behaviors
- Analyze prospective retirement tourists' expectations and perceptions of retirement tourism facility service quality. icesummit.com



Methodology

Design

- Online survey of a convenience sample of consumers, aged 60 and higher residing in the U.S.
- AARP Community Website
 - Postings and Emails
- Friends and Family of Students

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Sample

- *Convenience Sample*

- N = 267
- Age 60 and older

- *Demographic Characteristics*

- 56% female
- Average age = 67
- 63% White and 22% Hispanic
- 67% married, 14% divorced, and 13% widowed
- 25% graduate degree, 24% some college, and 20% college graduate
- Average annual household income = \$141,464; Median = \$50,000



Characteristics of Potential Retirement Tourists

- *Interested or Very Interested in Retiring in a Foreign Country*
 - n = 66 (25% of the sample)
- *Demographic Characteristics*
 - 55% male
 - Average age = 65
 - 51% White and 27% Hispanic
 - 73% married, 18% divorced, and 6% widowed
 - 29% graduate degree, 22% some college, and 20% college graduate
 - Average annual household income = \$111,841; Median = \$50,000



Characteristics of Potential Retirement Tourists

- *Country(s) would consider retiring to*
 - Costa Rica = 11%
 - Spain = 11%
 - Italy = 7%
 - Mexico = 6%
 - Portugal = 5%
 - U.K. = 5%
 - Belize = 5%
 - Thailand = 5%

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Characteristics of Potential Retirement Tourists

- *Medical Tourism Experience*
 - 8% had experience traveling abroad for medical care
 - Satisfaction with medical care received = 4.25 (Satisfied)
 - Likelihood of traveling abroad for medical care in the future = 3.50 (Between neutral and likely)



Characteristics of Potential Retirement Tourists

- *Types of healthcare treatments comfortable receiving while living abroad*
 - Primary Care = 32%
 - Executive Checkups = 19%
 - Dental = 18%
 - Cardiac = 8%
 - Ear, Nose, and Throat = 5%
 - Spa = 5%

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Characteristics of Potential Retirement Tourists

- *Reason(s) that you would have healthcare treatments performed abroad*
 - Closer to retirement community = 50%
 - High cost of treatment in home country = 42%
 - Want most advanced technology = 17%
 - Want better medical care = 15%
 - Want higher quality treatment = 15%



Results

- **Top Five Expectation Items**
 - The fees charged by retirement facilities in other countries should be reasonable. (*Tangibles*)
 - Retirement facilities in other countries should be accurate in their billing. (*Reliability*)
 - Residents should be able to trust the employees of retirement facilities in other countries. (*Assurance*)
 - Residents should be able to feel safe in their transactions with retirement facility employees in other countries. (*Assurance*)
 - Retirement facility employees in other countries should get adequate support from the retirement facility administration to do their jobs well. (*Assurance*)



Results

- Bottom Five Perception Items
 - When residents need assistance, retirement facility employees in other countries can be called upon immediately. (*Responsiveness*)
 - Retirement facilities in other countries offer their services at times convenient to all their residents. (*Empathy*)
 - The employees of retirement facilities in other countries know what the needs of the residents are. (*Empathy*)
 - Retirement facility employees in other countries can be called upon at any time by residents. (*Empathy*)
 - Retirement facility employees in other countries are aware of residents' individual needs. (*Empathy*)



Results

- Five Largest Service Quality Gaps
 - Retirement facilities in other countries are dependable. (*Reliability*)
 - When retirement facilities in other countries promise to do something by a certain time, they do so. (*Reliability*)
 - Retirement facilities in other countries tell customers exactly when services will be performed. (*Responsiveness*)
 - Retirement facility employees in other countries get adequate support from the retirement facility administration to do their jobs well. (*Assurance*)
 - Residents can trust the employees of retirement facilities in other countries. (*Assurance*)



Summary and Implications

- Twenty-five percent of the sample interested in retiring abroad.
- Primary Care, Executive Checkups, and Dental are the most frequent healthcare procedures they would seek in their international retirement destination.
- Main reasons would seek care locally are being closer to the retirement community and lower cost of the treatment.
- Prospective retirement tourists' expectations of retirement tourism facility service quality are significantly higher than their perceptions of service quality.
- Will need to manage retirement tourists' expectations of service quality and address their perceptions of service quality.



Projections

- 78 million Baby Boomers
- Assuming 23% are interested
- Assuming upwards of a 18.9% adoption rate (from the 2009-2010 CMTR study of American Medical Tourism)
- Therefore, a possible 3,390,660 Americans retiring (at least part time) in an international location

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Final Findings

- Primary Care, Executive Checkups and Dental were the most frequent healthcare procedures that they would seek in their international retirement destination
- Reason they would seek care locally is closer to the retirement community and lower cost of treatment
- Internet, Doctor, and Friend would be the most utilized channels to find healthcare locally
- Most would arrange the healthcare on their own (rather than through a facilitator)



Obviously there is more to do!

- More research
- More analysis
- More discussion

- But there is the potential of something really big here!

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Questions

- Thank you!

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