International departments within hospitals are the new global norm. David Kernek explores their development, learns about their current role, and assesses the challenges they face in processing international patients.

The unrelenting growth of international travel – and one of its subsets, medical tourism – has seen the creation, in many of the world’s major hospitals, of discrete departments to cater to the special needs of foreign patients – chiefly, health tourists seeking and checking in for elective procedures, expatriates, and non-nationals on vacation or business trips requiring emergency services. A hospital of any size or significance without an international department is now the exception to the norm.

In many cases, the development of such departments has been gradual, with hospitals responding to changing patient profiles and a developing need for translators and interpreters. In others, the impetus has been a proactive move into targeting international patients. But whatever the motivation for developing an international department within a hospital, their existence is most often welcomed by those seeking care in a foreign country and those responsible for co-ordinating the patient’s care and settling the bill.

Department development

Danny Quaeyhaegens, head of the international insurance department at JCI-accredited (Joint Commission International) Bangkok Hospital Pattaya, traces the origin of his hospital’s international services division back to the start of Thailand’s mass tourism boom. “Our hospital, an international tertiary hospital in a popular tourist destination, was founded 25 years ago,” he told the Hospitals Review. “At that time, it was a small local hospital, but being located where we are, many tourists would come to the hospital for their medical needs. Many of those tourists could not speak English – or at least with the fluency needed to discuss medical problems – and they most certainly couldn’t speak the local language, Thai.” At the same time, as the hospital developed and its care became more specialised, medical bills increased, and foreigners started to request direct billing arrangements with their insurers, explained Quaeyhaegens. As a result, a small translation/interpretation team was set up covering a few languages, and direct billing was initiated with a number of companies. As the tourist boom grew, though, the hospital realised that working with foreign insurance companies wasn’t without its challenges: such work required good English communication, the provision of proper medical reports, and clear, detailed invoices. There were also, he says, payment issues that needed to be ironed out, with bills not being paid despite the hospital having received payment guarantees. “So, over the following years, the hospital’s services were extended, with more translators covering more languages, specialised staff trained to handle foreign insurance claims, and foreign nurses with good proficiency in English to provide our doctors’ medical reports in clear English to third parties,” said Quaeyhaegens. Today, Bangkok Hospital Pattaya houses an international service team comprising 45 full-time staff, medical and non-medical, from some 20 different countries and covering approximately 20 languages.

In other tourist hotspots, the story is similar. Egyptian hospitals, for example, such as those in Hurghada and Sharm El-Sheikh – areas popular with international travellers – began to introduce international departments approximately 10 years ago, says Dr Asaad Riad, general manager at Egypt In-Touch Assistance. They would usually begin to develop their services for international patients
by adding a couple of bi- or multi-lingual staff, with some international departments also adding medical personnel. The genesis of the international department at Istanbul’s Anadolu Medical Centre (AMC) was different, says Asli Akyavas, international services manager, in that the hospital actively went in search of international patients, predominantly medical tourists: “Some hospitals in Turkey used to receive foreign patients – but not very many – for dental, ophthalmology and spa treatments; but in around 2005, AMC made the decision to market itself to medical travel patients. There was clearly an opportunity to expand our business, and this was the impetus for the creation of international departments within our hospitals. I went to the Far East, where they were receiving patients with serious conditions, to look for benchmarks (for operating a successful international department).” Elsewhere in Thailand, at Bangkok Hospital, which annually treats more than 134,000 foreign patients from around 160 countries, the development of the international department has been in line with increased numbers of foreign arrivals – also predominantly medical travellers. Claus Padkaer, head of the hospital’s international marketing department, said: “We noticed a growing trend of medical travellers at the end of the 90s, but it grew rapidly after the 9/11 attack, when Arab medical travellers suddenly [started] to look for other options. The large influx of international patients meant that international services needed to be created and developed in order to assist with medical enquiries, language and culture.” The hospital has seen other patient populations follow, from countries in East Africa, as well as China, former Soviet republics, and South-East Asia, said Padkaer. Whatever the impetus for their development, international departments now exist in a significant proportion of hospitals around the world, having become an essential element for those hospitals dealing with growing numbers of international patients. Their role has also developed, and whether they’re processing patients seeking elective surgery or those who have unwittingly found themselves in need of medical care while on holiday, they all have similar aims, if not similar approaches.

Role today

The main functions of international departments today, said Dr Riad, are to help medical staff and patients deal with language barriers, manage communication between insurance and assistance companies and treating doctors, and to act as a billing – and customer service – department for foreigners. The customer service element is certainly important, and is a common aim throughout all such departments. In Madrid, Francisco Rico, international relations director at Quirón Madrid University Hospital, agrees that the main role of an international department is to help co-ordinate the patient’s treatment while making them feel secure and comfortable in a foreign environment.

“There’s nothing wrong with having medical people on the staff, but the buck has to stop with someone who is customer-service driven”

Claus Padkaer at Bangkok Hospital explained: “These departments are highly beneficial for any hospital that receives significant amounts of international patients. They act as the glue connecting patients, relatives, and insurance companies with hospital’s healthcare services, resulting in a more seamless experience for all parties. Not only will the patient have a co-ordinator speaking their own language, but included in the international team is a third party payer’s service with dedicated primary physicians who co-ordinate and report on each international insurance case.” The international team at Bangkok Hospital also incorporates a utility management review unit, which screens bills for irregularities before they are sent to insurance companies, saving time for insurance companies’ medical and claims handling departments. At AMC, Akyavas has approximately 80 people in her department. Some concentrate on sales and business development, seeking to secure deals with health ministries and referring physicians, and making health professionals aware of the hospital and its services; others work in operational roles. “We have an operations team, comprising three physicians and one nurse case manager,” she explained. “Before the patient arrives, this team supports and guides the medical second opinion process. It supports the sales team with medical questions, and it facilitates communication between physicians and patients.” Its role is also to support the patient by dealing with any medical-related issues they might encounter during their stay or when they return home by providing follow-up medical monitoring. Other members of the international department at AMC handle logistics and concierge services such as airport pick-up and arranging hotel accommodation if it’s needed. The hospital does, in fact, have a hotel on its campus, but it also has arrangements with hotels nearby. The team further provides simultaneous oral interpretation as well as written translations, providing all medical documents in English. In 2014, foreign patients accounted for five per cent of AMC’s volume and 35 per cent of its revenue. Elsewhere, the international department that services the Tenet Florida hospital group – which includes 10 acute care hospitals that cover the state’s east coast from Palm Beach down to Miami – was set up in 2010. “Our international patient concierge team,” said Salome Lofty, international patient relations manager at Tenet Florida, “makes it our priority to provide a seamless experience for every patient and their family.” ‘Extraordinary service’, she said, is just as important as ‘exceptional clinical care’. Tenet Florida’s 24/7, multi-lingual concierge team provides a full range of services >>

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for all international patients and their families, from the initial contact to follow-up once the patient returns home – including arranging travel, transfers, hotel accommodation, interpretation services, and making arrangements for cultural or religious needs. It’s about not standing still, though, said Lofty; there has to be constant innovation and efforts to improve the services on offer: “Tenet is constantly developing and implementing innovative ideas to enhance our international department and programme, and working collaboratively with our partners in the insurance industry on solutions to continually enhance our services to meet the needs of all our clients. We continue to elevate our concierge services to ensure the best experience possible, reflecting the diverse cultural, religious, and ethnic backgrounds of our patients. Providing an exceptional patient experience requires partnership with our insurance industry colleagues, with timely benefits verification and authorisation for care.”

Working closely with insurance and assistance industry partners is an important element for international departments. The international team at Bangkok Hospital Pattaya comprises co-ordinators and insurance officers, said Quaeyhaegens, adding that, inevitably, there’s a degree of overlap. “The co-ordinators are foreigners with all kinds of forms from insurance companies, liaising with the patients’ home-based contacts (relatives and friends, doctors and hospitals when retrieving medical records, embassies and banks), and help with requirements from immigration departments. Quaeyhaegens elaborated: “They also look after the safety of the patient by translating forms for informed consent, translating instructions for many medical procedures, preparing screening questionnaires and, together with our pharmacy team, making sure that patients get all the information they need about their medications in, as required by law, Thai or English, and also in their mother tongue.”

The insurance officers, made up of English-speaking Thai administrators and nurses, many of whom have experience of working for an insurer or assistance company, take care of all the insurance claims and direct billing requests. “This team sends notifications to insurers or their assistance companies worldwide, including price estimates, medical reports, cost updates, and requests for payment guarantees,” said Quaeyhaegens. “The nurses in this department will also process our medical reports by either typing any that were originally handwritten by our doctors or by checking and correcting (vocabulary, grammar, lay-out) any that were delivered in typed form by

from many different countries, able to speak and translate in English and Thai, also often with a third and fourth language.” Their main tasks are to translate and interpret for the patient during all their hospital contacts (registration, nursing, consulting a doctor, cashier, pharmacy, and so forth), organise patients’ hospital visits (get them to the correct departments, help them to choose the correct doctor), and to be the ‘cultural ambassador’ for these patients. They will also help patients

with our doctors.”

An exception to the general rule about major hospitals having international departments is Hong Kong’s Matilda International Hospital. “We do not have an international department,” Denise Wong, insurance development manager, tells the Hospitals Review. “Since more than 80 per cent of our patients are expatriates living in Hong Kong and Southern China, and they come from all over the world, we do not make a distinction between patients as local or international. But we have a new insurance service centre to centralise all questions and administration work from patients, doctors and internal departments, and to communicate with insurers.” The centre helps patients – most of whom have private medical cover – by obtaining pre-authorisations from insurers, liaising with the relevant hospital departments, answering questions about direct settlement arrangements, completing claim forms and providing medical information, verifying insurance medical cards, providing cashless services, and assisting with appointment bookings when needed.

Benefits for all

It’s clear to see that international departments provide multiple benefits for patients, as well as assistance providers, insurers, and the hospital itself. As Lofty of Tenet Florida told the Hospitals Review: “As a single point of contact, our international patient concierge centre adds significant value to hospitals, payers and international patients, avoiding the hassle of multiple calls, layers of bureaucracy and lack of 24-hour availability.” The hospital group has forged strong partnerships and established formal contracts with many leading global health insurers, and these eliminate many challenges for international patients, she added.

Meeting the needs of patients is a strong focus in the new customer-satisfaction driven environment that is infusing healthcare systems around the world. “Patients benefit from our international co-ordinators,” said Quaeyhaegens, “as they get all the information they need in their own language. They can make themselves understood. They have someone just to talk to and hold their hand while they are sick or injured in this far-away country, someone who knows the hospital and can therefore help the patient in the most efficient way.” He also believes that patients benefit from the hospital’s insurance officers, who can handle claims directly with most foreign insurance companies, set up cashless service policies with selected insurance companies, and speed up the handling of a claim thanks to the streamlined processes it has developed.

Naturally, such systems are beneficial to insurers and assistance providers too. “Insurance and assistance companies benefit,” added Quaeyhaegens, “because they do not have to...”
Only 15 minutes from Central Hong Kong, Matilda International Hospital is situated on its own promontory atop the historic Victoria Peak on Hong Kong Island. It is well known for its international standards and excellence in care. Together with two centrally located medical centres, the hospital offers specialist services ranging from maternity, ear nose and throat, orthopaedics and spinal, to health assessment, surgical care and family medicine.

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face language barriers, and they have people [within the] hospital who know their country’s healthcare and insurance systems.” Communication, then, is a big part of the work carried out by hospitals’ international departments. “For us, as a medical assistance company, I feel better with [the creation of international patient handling departments], which solved many of the problems we had before, mainly those involving communication: getting medical reports in time, and follow-up information,” said Dr Riad of Egypt In-Touch Assistance. “Before, we had the international departments, you had to find somebody to talk to – if you were lucky! – or sometimes you had to send your correspondent, if you had someone available, to the hospital to talk to everybody involved.” While it says it’s prepared to deal with all kinds of hospitals, MAPFRE ASISTENCIA in Spain has also enjoyed the benefits of international departments and how they make ‘processing patients easier’. It also agreed that such departments ‘facilitate cost savings’ for insurers. What does the hospital get from it, then? “Even though we are not a revenue generating department – at first sight, only a high cost division! – the hospital sees the results in happy patients and satisfied insurance and assistance companies,” said Quayhaegens. “That can mean more customers word-of-mouth, and recommendations from insurance companies, embassies, and other healthcare providers.” Facilitating communications with assistance providers, patients, and hospital staff makes for an easier operating environment and a smoother patient journey. As Denise Wong stated: “The benefits [of international departments] include a strengthening of external communication with insurance/assistance/TPA companies, as well as internal communication within the hospital.” It is these efforts by hospitals to forge better working relationships with insurers that is really making a difference in the industry, though. “As a dedicated, convenient contact point for patients with their pre-authorisations and claims issues, our insurance service centre is in line with the worldwide trend for hospitals to work closely with insurance partners,” concluded Wong.

Challenges faced
Of the challenges facing international departments, Quayhaegens flags up medical cost inflation, and currency and stock market weaknesses around the world: “These mean that insurance companies need to focus more and more on cost containment. Sometimes, it is a balancing exercise for the hospital – to deliver its high level of care and satisfy patient needs while at the same time remaining sufficiently cost conscious to keep the insurance company happy.” And that’s not the end of hospitals’ challenges when partnering with insurance providers: “A hospital such as ours works with 800 to 900 insurance companies and some 200 regular third party payers, including assistance companies, so it’s quite a challenge to get to know them all sufficiently, as each have their own procedures, interpretations, and ways of working,” pointed out Quayhaegens. “At the same time, the insurance world is continuously changing – mergers and acquisitions, name changes, relocations, and staff changes, so it is sometimes difficult to contact the right party at the right moment.” Addressing some of the other issues that crop up with regards to working with insurers, Rico at Quiron said: “These days, there are underwriters’ policy restrictions and unclear, dubious policies not covering ‘private treatment where adequate state facilities are available’. This type of wording leaves us with having to tell a patient that his or her assistance company wants them to transfer to a public hospital 120km/75 miles away. Is transferring a patient 75 miles acceptable? The worst situation is when we have to tell patients that their own policies do not cover pre-existing conditions or transfers, and so forth.” Quiron will soon have a dedicated department to help in such situations, though, he said: “We are planning to have a centralised 24/7 call centre to serve international patients and insurers.” There are wider issues for international departments, and challenges at pretty much every turn. Josef Woodman, founder and CEO of US-based Healthy Travel Media and author of the Patients Beyond Borders consumer guide, has visited more than 200 hospitals around the world, all of them with – for better or worse’ – an international patient services centre. He spoke to the Hospitals Review about the role they play today and the challenges they face. Some of these challenges involve cultural issues, such as whether the international department can address an international patient in the patient’s own language, whether it can process patients’ medical records efficiently, and whether it can establish a successful relationship with a patient. “All of this is Customer Service 101,” he said. “There’s nothing surprising about it.” But, dealing with international patients is in itself a challenge. “International patients are difficult, more difficult than domestic patients,” said Woodman, “Handling the initial inquiry and the travel and all of the concierge things is just the tip of the iceberg. When a patient actually gets in, that translator has to be a good translator. The patient has to be welcomed. The doctor has to want to serve that international patient; he or she has to be motivated to want to do that.” There are patients from certain cultures, continued Woodman, that are particularly challenging to handle ‘because they think they are entitled and privileged and want everything for nothing’. If you want to serve them, he said, you have to learn to be very good at customer service: you’ve got to train your doctors, your nurses, and your skilled and semi-skilled labour to respond, whether the patient is difficult or not. “Most hospitals don’t have that top-down...”
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commitment,” stated Woodman, who believes the best person to run an international department is someone who is customer-service and marketing driven. “There’s nothing wrong with having medical people on the staff, but the buck has to stop with someone who is customer-service driven. If that happens to be a doctor, great, but often it’s not.”

The most successful international services departments Woodman has seen, then, have a top-down commitment to serving the international patient. “All the way up to the CEO, they have one reason or another for wanting to attract international patients: it might be for prestige, they want the best doctors to recognise that hospital; often it’s because of their profit margins, because the self-paying patient is more profitable than others.”

Into the future
The demands made by foreign patients aren’t going to become fewer, or easier to deal with, as the globalisation of medicine continues. People want their standard of care, and customer service, to be as good as it can possibly be. By meeting the needs of these patients, and their insurance companies, hospitals have got a great chance of increasing their incoming revenue and really making a name for themselves in the international healthcare community.

Therefore, however, areas in which some people, including Dr Riad, think international departments could be doing better. In Egypt, for example, he says of such departments: “They need to be trained very well for expected missions, especially from the medical side. They need to know more about international diagnosis and treatment coding, about standards of medical billing, and the differences between travel and health insurance. There is also a need for more awareness of the health systems in other countries, so that they’re able to speak the same technical language.” His suggestions, though of course valid, may not come to fruition soon, though: “At the moment, I have not heard about any plans for development, but what I’m hoping for is that when the number of foreign patients increases, hospitals might develop a separate module for international patients within their software system, and that they might also add more experienced employees – people who have had experience in the same field in other countries.” Insurers, Dr Riad suggests, could provide some training options, especially for providers who handle many of their clients. This could be done either on-site or with updated printed material.

Some hospitals already take their working relationship with insurers to another level. In 2010, Bangkok Hospital Pattaya, for example, introduced an annual Third Party Satisfaction survey, a questionnaire asking insurance and assistance companies to rate its services. “This initiative,” said Quaeyhaegens, “was warmly welcomed by the third parties we work with, as it seems that listening to the voice of the customer is very rare. Even though we have always got very high scores, we use all of the comments and suggestions we get to further improve our services.”

On the flip side, with regards to feeding back information to insurers, Padkaer made the point that coverage information given to patients by insurers could be more comprehensive, while money-saving initiatives could be aided by more flexible arrangements allowing travel for medical care. “Every day, our international team receives requests from insured patients who would like to have a specific treatment done at Bangkok Hospital rather than in their home country; but they are not sure if they are allowed, or do not know how to ask the insurance company,” he said. “We would like to see more flexibility from insurance companies on what [treatment] patients can receive abroad or domestically. If patients are allowed to travel abroad for treatment, it can often result in significant cost savings for insurers.”