

The first steps between Portugal and the Russian-speaking target
market in medical tourism

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Resumo

O objetivo deste estudo de caso é abordar os primeiros passos para criar um turismo médico em Portugal, especificamente como iniciar uma abordagem para promover ofertas de serviços médicos conjuntas num mercado-alvo de língua russa. O projeto "Turismo médico em Portugal", promovido pela associação privada sem fins lucrativos Health Cluster Portugal, embora apresente genericamente formas de concretizar a estratégia de marca e um plano de ação no desenvolvimento de um cluster de turismo médico em Portugal não o faz para o mercado de língua russa. O desenvolvimento e o sucesso futuro do estudo aqui apresentado podem contribuir para o desenvolvimento do mercado de serviços médicos no país.

A investigação consiste em: revisão da literatura considerada relevante para descrições de turismo médico, fatores de tomada de decisão e modelos de negócios; análise de informação secundária para abordar os “pull factors” referentes a Portugal assim como os determinantes no desenvolvimento do projeto "turismo médico em Portugal e as motivações dos turistas médicos de língua russa em viagens médicas; análise e discussão da informação resultante de entrevistas semiestruturadas sobre os “push factors” de pacientes de língua russa em viagens médicas bem como sobre os pontos fortes e fracos de Portugal na atração de turismo médico; recomendações sobre a atração de turistas médicos de língua russa e a criação de um ambiente amigável local durante o tratamento.

O estudo concluiu dando indicações sobre o próximo passo para a construção de um cluster de turismo de saúde forte, competitivo, orientado para o cliente e bem organizado, com pacotes atraentes de turismo médico para turistas médicos e parceiros fornecedores do serviço.

A análise de quais tratamentos são os mais populares entre os turistas médicos de diferentes países de língua russa não é o objetivo do estudo.

Palavras-chave: turismo médico; “push” e “pull factors”, cluster, ecossistema, facilitador médico e provedor de pacientes.

Abstract

The main objective of the case study is the first steps to create medical tourism in Portugal, namely a medical tourism cluster with actors to promote the joint medical offers in a Russian-speaking target market. The project "Medical tourism in Portugal", promoted by the private non-profit association Health Cluster Portugal, starts a way of embodying branding strategy and a plan of action in the development of a medical tourism cluster in Portugal. The development and future success of the project can influence the development of the medical services market and the economic development of the country. The research structure consists of the following parts: literature review for descriptions of medical tourism, decision-making factors and business models; Portugal pull factors and development of the project "Medical tourism on Portugal" with using secondary data; motivations of Russian-speaking medical tourists in medical trips with using secondary data; results from semi-structured interviews of the push factors of Russian-speaking patients in medical trips and Portugal's strengths and weaknesses in the pull factors in medical tourism are discussed; recommendations on attracting Russian-speaking medical tourists and creating a like-home environment during the treatment for them.

The study concluded by pointing out what must be the next step to a vigorous effort to construct strong, competitive, customer-oriented and well-organized health tourism cluster, with attractive medical tourism packages for medical tourists and patient's providers.

Analyse of which treatments are the most popular among medical tourists from different Russian-speaking countries is not the study's aim.

Keywords: medical tourism; push and pull factors, cluster, ecosystem, medical facilitator and patients' provider.

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Abbreviations

BPO	Business Process Out-Sourcing;
CIS	Commonwealth of Independent States
EU	European Union
HCP	Health Cluster Portugal
HIV	Human immunodeficiency virus
ICT	Information and communications technologies
ISO	International Organization for Standardization
JCI	Joint Commission International
JMS	José de Mello Saúde
MT Portugal	Medical tourism in Portugal
MTAP	Medical Tourism Association Portugal
MTI	Medical tourism index
NHS	National Health Service
PPP	Public-private partnership
R&D	Research & Development
TTCI	Travel & Tourism Competitiveness index
VFF	Visiting Friends and Family

1. Introduction

1.1. General overview

Although medical tourism is not a new sector in the global tourism industry, today this sector is one of the growing and developed sector, which can provide some stability in the economy and labour in host countries. More and more tourists looking for the places, where they can combine tourism and medical treatment in one trip. Also, global companies are interested in investing in the countries with the quality health treatments and perfect tourism services. The countries' government and healthcare providers' openness also play the key role in health tourism.

The medical tourism logistic chain includes: a) the participants of the tourism sector, such as tourist services providers, transportation, hotel, etc.; b) the participants of the health sector, such as healthcare providers, medical facilitators, agents; c) associations, government, and educational institutions; d) companies in insurance and financial services; e) etc.

In 2017, Portugal entered the top twenty global leaders in the tourism market, according to Travel & Tourism Competitiveness index (TTCI) ranking report (see Appendix 1), and the top twenty thermal/mineral springs market according to Global wellness economy monitor report (see Appendix 2). Notwithstanding Portugal has the global reputations in these markets, Portugal was not one of the world leaders in medical tourism, according to Medical tourism index (MTI) overall ranking (see Appendix 3). In opposite, Spain, which is the closest country to the geographical and cultural destination with Portugal, has still had the stronger global reputation in three markets: medical tourism, thermal springs, and tourism.

One of the reasons for not developing medical tourism market in the past in Portugal was the private health providers and groups, which had been more concentrated to be individual competitiveness in the local markets, and not interested in the global medical tourism.

Nowadays, Portugal health groups and government institutions have started to review medical tourism as the economic market and future opportunities in revenue industry. Three major private health players Lusíadas, Luz Saúde, and José de Mello Saúde groups have entered as the stakeholders in the project "Medical tourism in Portugal" ("MT Portugal") to introduce Portugal as a medical tourism destination in the global medical tourism market. Another participant is Medical Port facilitator, the premium medical tourism facilitator in Portugal,

which has local representations in Angola, Mozambique, Nigeria, Sweden, the Middle East, the Netherlands, the United Kingdom, USA (Medical Port, 2015).

1.2. The project "Medical tourism in Portugal"

To overcome the financial crisis, in 2010 Europe began the Europe 2020 strategy to create a single market for the 21st century and become the European Union (EU) economically stronger from the crisis (European commission, 2010). The strategy is based on three priorities, which must be accomplished by EU members until 2020:

1. Smart growth is based on knowledge and innovation, and must act in innovation, education and digital society;
2. Sustainable growth is based on built sustainable, resource efficient and competitive economy, and must act in competitiveness, combating climate change, clean and efficient energy;
3. Inclusive growth is based on economic, social and territorial cohesion, and must act in employment, fighting poverty and skills.

Portugal 2020 is a research and innovation strategy to promote the economic, social and territorial development policy according to the priorities of Europe 2020 between 2014-2020. Portugal will set up 16 programs and 4 different domains for realization and receive 25 Billion € budget by 2020. The seven regions are included for the research in the regional operational programs: Northern, Centre, Lisbon, Alentejo, Algarve, Azores and Madeira (Portugal 2020, 2017).

COMPETE 2020 program is one of domain program oriented in competitiveness and internationalization of the markets. In 2014, the Report of the Interministerial Working Group on Health tourism was published, which was prepared by a team representing the Ministry of Health, the Ministry of Economy, the Directorate-General for Health, the Central Administration of the Health System, the Tourism Institute of Portugal, the Portuguese Tourism Confederation, the Health Cluster Portugal (HCP) association and the Medical Tourism Association Portugal (MTAP) (Pinto, 2016)

The final decision of the team was to focus on medical tourism, because of it has the potential market with using the quality National Health Service (NHS) and touristic services, but which is not yet structured as a product and enshrined in an international reputation. To solve the team's task to create a plan of action in developing the structuring of the product, the project "MT Portugal" started to be therefore the way of embodying the plan. The project "MT

Portugal” is promoted by a private non-profit association HCP and supported by COMPETE 2020 with approximately 1-1,2 million € investment. Its main goals are to:

- promote Portugal's offers in medical tourism, contributing to consolidating the international reputation of the country as the medical tourism destination;
- contribute to the structuring of partnerships between health cluster participates, such as the most reputed healthcare providers, the main hotels, and the other operators.

According to qualitative research, the "MT Portugal" project considers Russia as a one of potential countries for building the ecosystem and attracting medical tourists from these countries to Portugal

1.3. Research methodology

The main aims of this study are to understand the strength and weakness in the first steps in building the trustworthy relations between Portugal and the Russian-speaking target market in medical tourism, and in the international expansion of the reputation of Portuguese healthcare providers.

Methods of research are:

- literature review on medical tourism to determine the primary push factors to motivate foreign patients to receive the medical care in another country, and the business models for the development of medical tourism in the destination country;
- research of Portugal's factors to attract medical tourists, and motivations of Russian-speaking medical tourists on medical trips with use of the secondary data;
- a qualitative method, namely semi-structured interviews with experts, to understand what frameworks and restrictions may arise for the stakeholders of the project "MT Portugal" on the way of establishing of outside links with Russian-speaking markets, and the ways to resolve these problems.

1.4. The problems of medical tourism in Portugal

As the medical tourism in Portugal is the poorly developed, the "MT Portugal" project may face some problems in building medical tourism in the country:

- a poor knowledge about Portugal medical services abroad, that's why not easier to be competitive;
- not enough organised logistic chain in the cluster to provide good service condition, as the like-home environment for the patient, or quick respond on the incoming application of customer;
- the barriers such as language, visa, legal framework.

2. Literature review of the medical tourism industry

2.1. History

Health tourism is widely explanation of medical treatment reasons for the trip, and “*as a comprehensive umbrella term that subsumes wellness and medical tourism*” (Voigt, Brown & Howat, 2011). Because medical tourism based on specialized and elective surgeries, it is often called “western medical” tourism. Wellness tourism is based on more traditional therapies. Notwithstanding a single ancient history, medical and wellness tourism divided in its own histories: in the 1970s, when the word “wellness” was created (Yeung, Johnston & Chan, 2014); in the 1980s, when Americans patients started to visit Central American countries for dental treatments and Cuba started to provide eye surgeries, heart and cosmetic procedures to Latin American, Indian and Europe tourists (Pickert , 2008).

Global wellness institute has created the evaluation wellness tourism structure in its website (see Appendix 4), and then a brief understanding of the primary sources of health tourism history in the Ancient period. Yoga and meditation came into our life from Ayurveda tradition, which the most roles to have the harmony between body, mind, and spirit. Traditional Chinese Medicine is one of the oldest systems in the world, which is still the success in the implementation of acupuncture and herbal medicine both in the wellness and the western medicine.

The first medical tourism network was founded by the Ancient Greeks, who built the first health centres, namely the Asclepia Temples, where people from the whole part of the world travelled to find medicine for illnesses (Health-tourism.com, 2017).

Today, the numbers of medical tourists annually increase, both in trips from developed and industrialized countries to developing countries, and vice versa.

2.2. Definitions

Medical tourism is more oriented to receive investigation, medical treatments for diagnosing sicknesses, such as medical specialized surgeries, cancer treatment, as well as elective surgeries for example plastic and bariatric surgeries and dental treatments. On another side, **wellness tourism** correlates with medical treatment, but it is mostly for maintaining and improving health-lifestyle, such as yoga, fitness, spa, thermal bath etc. It's not necessary to use specialized clinics, hospitals and medical professional specialists in wellness tourism.

It is difficult to find the clear difference between definitions of medical tourism and wellness tourism in some literature. The reasons for not transparent boundaries can be the complex of medical treatments includes a package of wellness services. As the example, the therapeutic characteristics of thermal baths and massage can be used in procedures for illness rehabilitation, bariatric and orthopaedic treatments in clinics with professional specialists. It can be called as "Medical Spa" or "Medical Wellness".

To remove the fuzzy concept between definitions, the Global Spa summit researchers (Johnston *et al.*, 2011) have suggested ignoring the tourism destination characteristics, which reply to questions: "Where is the person traveling to? What specific places is the person visiting? What activities, experiences, services, or products is the person interested in?", and more concentrating in "who is traveling?", namely sick (or seeking plastic surgery procedures) or healthy persons, and "what is the person's motivation for travel?", namely to have medical treatment or spa/yoga/etc. abroad (Figure 1).

Figure 1: Medical and Wellness tourism definitions

Medical Tourism	Wellness Tourism
<p>Medical tourism involves people who travel to a different place to receive treatment for a disease, an ailment, or a condition, or to undergo a cosmetic procedure, and who are seeking lower cost of care, higher quality of care, better access to care or different care than what they could receive at home.</p>	<p>Wellness tourism involves people who travel to a different place to proactively pursue activities that maintain or enhance their personal health and wellbeing, and who are seeking unique, authentic or location-based experiences/therapies not available at home.</p>
<p>Medical tourist: Generally ill or seeking cosmetic/dental surgical procedures or enhancements.</p>	<p>Wellness tourist: Generally seeking integrated wellness and prevention approaches to improve their health/quality of life.</p>

Source: Johnston *et al.*, (Global Spa Summit, 2011)

After finding the medical tourism definition in the health tourism service industry, the medical traveller's decision-making and motivations are important for extensive disclosure of medical tourism.

2.3. Decision-making and motivations in medical tourism

Fetscherin and Stephano (2016) have categorized factors in “push and pull” model to explain the economic part of health tourism:

- Push factors are the consumer demands of the medical trip such as “*socio-demographical (e.g., age, gender, income, education) or health-related (e.g., insurance status, health status) factors*”. It explains the traveller's motivation to outflow from home to visit another country for medical treatment.
- Pull factors are the supply side to attract travellers, which includes “*medical tourism destination such as overall country environment (e.g., stable economy, country image), healthcare and tourism industry of the country (e.g., healthcare costs, popular tourist destination) and quality of the medical facility and services (e.g., quality care, accreditation, reputation of doctors)*”. These inflow factors motivate the travellers to choose the medical treatment in the healthcare provider and/or country than in another.

Figure 2: Push and Pull factors in medical tourism

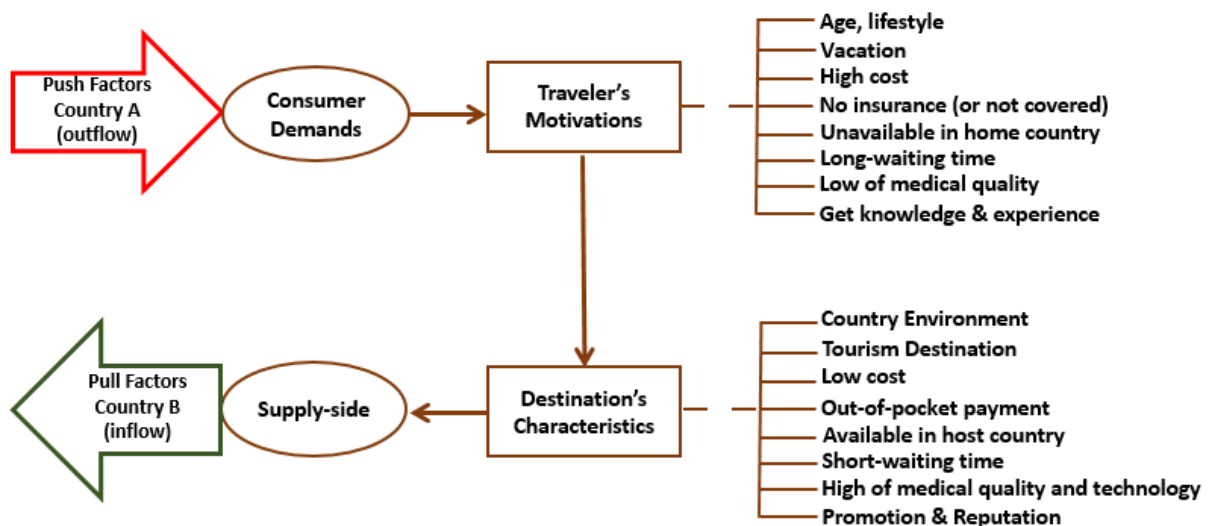


Figure 2 is created as a guideline and is based on a review of different relevant types of literature that are discussed in this chapter, and according to which the factors of medical tourism can be divided into following: Tourism-based and Medically-based factors, and Information sources consulted.

The push drivers in Tourism-based factors more concentrate on demographic parts, such as age, and lifestyle. The baby boomers in the past and the future growth of world's population by 2050 can increase the demand for medical tourism now and in the future. Nowadays the baby boomers are starting to be older, but try to still be keeping active, sports and healthy lifestyles to live longer (Bookman & Bookman, 2007). The aging of the active population can bring two results by 2030: an increase of the elderly and greater demand for medical services, such as heart valve replacements, artificial knee implants and hip replacements. Also, more people start to care about their health and beauty, and spend more money on plastic and bariatric surgeries, and "SnowWhite smile" cosmetic dental treatment and surgeries. All of this leads to an increase in the number of potential medical tourists from developed countries in countries with a favourable price offer and/or quality medical care and vacation attractiveness.

The pull drivers in Tourism-based factors are general tourism factors, such as country environments and tourism destinations (Fetscherin & Stephano, 2016; Bookman & Bookman, 2007), which help travellers to make decisions for the vacation trips according to their lifestyle preferences.

The country environment consists of the following tourism drivers, such as positive country image, safety to travel to the country, low corruption, stable economy and favourable exchange rate, language and cultural similarities according to MTI measurement (Fetscherin & Stephano, 2016). Language and cultural similarities can be called in one word as cultural affinity and have the different definitions in tourism and medical tourism sectors. Tourist divides into ones who prefer to visit cultural affinity country, which is closer to his lifestyles and linguistic and religion; and others who intend to learn something new, so the language barrier and cultural shock do not prevent them from visiting the country different from their culture and lifestyle and religion. Considering Bookman and Bookman (2007), the cultural affinity in medical tourism is when patients prefer to be treated in a like-home and familiar environment: a) patients from diaspora combines visiting friends and family (VFF) tourism with healthcare because they can receive the traditional medicine of their culture, feel more comfortable in facilities, interpersonal and patient-doctor relations; b) international patients, whose demand to "*receive sensitive treatment with respect to their religious observances such as prayers and food*"; c) the patients attract the countries where no language barrier with medical staffs; d) other international patients who feel cultural affinity in foreign countries, because it's not first trips there.

The tourism destination is more associated with country attractiveness, for instance, “sea, sun and sand”, and tourist attractions, but Pollard (2012) has indicated that the most medical tourism patients focus on the treatments than on these factors. This is especially true of patients with serious diseases. Also, Pollard (2012) has included geographical proximity to the tourism destination, which embraces travel time, ease of airport access and barriers to entry. Mostly it is for people, who don't want to waste time and money in long, indirect flights from/to airports, and complicated visa procedures.

Medically-based factors are the main factors of medical tourism decision-making and mostly reply to “what is the medical tourist looking for in medical tourism?”. More people are pushed to have the medical treatment in abroad because: *“disappointments with medical treatments at home; lack of access to health care at reasonable cost, in reasonable time or in a sympathetic context; inadequate insurance and income to pay for local health care; the rise of high quality medical care in ‘developing’ countries.”* (Connell, 2011). All these push factors are interrelated with each other and several factors can play into the final decision to choose a specific country and healthcare provider.

One of the reasons people to start researching the abroad treatments is the cost-saving driver for out-of-pocket payments in the destination country, which in most cases results from high-cost of national healthcare, the not covered or inadequate health insurance in the home country (Mattoo & Rathindran, 2006). Not all medical procedures, such as plastic surgeries and cosmetic dentistry are covered by the NHS or employer insurance; not all medical procedures, such as bariatric treatments, stem cell therapies, or fertility treatments are available home countries; not all countries provide the free health treatments of the NHS or another public insurance plan. But even if countries have NHS program, for instance, the United Kingdom, patients may face another problem such as long waiting lists to receive the treatments: *“Growing numbers of patients are paying for private treatment to beat rationing and delays for treatment imposed by the cash-strapped NHS. Profit-driven hospital firms are experiencing 15 to 25% year-on-year rises in the number of uninsured “self-payers”, with the increase mainly driven by long waiting times to undergo non-urgent surgery in NHS hospitals. Patients are using their savings or taking out loans to pay for their treatment.”* (Campbell, 2017). But the patient should consider that the cost of medical travel includes on the cost of treatment, travel cost to the destination, the cost of stay (accommodation and living costs) and the cost of medical travel insurance (Pollard, 2012). The comparing the prices of the medical treatments in the home country with the medical trip costs in the destination country is playing a strong role in

decisions of medical trips abroad. If the high travel cost and the low price of medical care in destination country has a small difference with the cost of treatment at home, this leads to a reduction in incentives to medical tourism (Mattoo & Rathindran, 2006). Despite all this, the patients do not have to sacrifice quality for the favourable price offer.

The price is not the main factor in the decision-making, it is more of a differentiator in the process. The major factor to motivate people in medical tourism is their claims to receive the best quality of medical services with the best technologies. According to McKinsey research (Ehrbeck, Guevara & Mango, 2008), the largest segment with 40% of medical travellers has been people who looking for high-quality care and most advanced technology and less paying attention to the proximity of destinations and costs. The second segment with 32% has been the patients who seeking better-quality care than in their home, and there can be divided into the group of people that not caring about costs and another group who interesting to receive the high quality at the best price (see Appendix 5a). This leads to the classification of patients such as elite and middle-income populations, where the elite both from developing and developed countries travel to receive the exclusive, costly and the high-quality medical treatment (Bookman & Bookman, 2007). However, a low-income patient can receive high-quality and urgent medical care abroad with the help of the charitable organization.

MTI measurement has classified the quality of facility and services into following drivers: doctor's training and/or expertise, high health care quality indicators (e.g. low infection rate), high quality standards (e.g. ISO), high quality of care, state-of-the-art medical equipment, quality in treatments and materials, accreditation of the medical facility (e.g. JCI), international certified and/or educated doctors, internationally certified staff, friendliness of staff and doctors, family recommendation of doctors, family/friend recommendation of the hospital/facility, reputation of doctors and/or the hospital/facility, country medical reputation (Fetscherin & Stephano, 2016). The problem is that some drivers of quality cannot be compared and measured objectively because it is estimated via word-of-mouth communication channel such as the experience from the patients and VFF recommendations, i.e. subjective bias in gathering information. To resolve the problem Mattoo and Rathindran (2006) have suggested that *“the scope for trade will be greatly increased if providers in destination countries improve the quality of care and are able to credibly signal these improvements by obtaining accreditation from source country health regulators.”*

Information sources consulted is the access to information about medical tourism and destination country for decision-making before going abroad (Crooks *et al.*, 2010), and is a

marketing catalyst, as advertisement, for the growth and globalization of medical tourism and the international medical reputation of the countries. Word-of-mouth is the information source, where patients get the first knowledge about medical tourism and procedures abroad from family and friends, or other patients, who have successful experiences in surgeries and treatments abroad. Some studies claim, that word-of-mouth is the important push factor for patients, especially it is the popular factor in diaspora (relationship) countries and VFF trips (Bookman & Bookman, 2007; Connell, 2011; John & Larke, 2016). It's more of a psychological factor when a patient decides to travel in the hope of getting a successful outcome as the previous patients. Written material is another information source, which is still used to advertise the medical tourism destination in airline magazines, in the press and books, in a glossy brochure, in billboard etc.

In information and communication technology (ICT) world, the Internet plays the huge role in medical tourism. The international marketing through ICT, e.g. commercial websites, help: a) to healthcare providers to promote its services to attract international patients; b) to patients to find and compare the information about healthcare providers, treatment options, prices, tourism and others, and help to organize the travel plan. (The Treatment Abroad medical tourism portal, 2018). The following Internet marketing materials help to promote the destination countries, medical companies and its medical reputations:

- Digital word-of-mouth and sharing experiences. It can be forums with the comments of previous patients on special community websites, social networks, healthcare providers' and medical facilitators' websites, etc. The web-video with a story of a patient's satisfaction is a good digital marketing move: *"No one remembers how many procedures a facility has performed. Instead, they will remember the story about the woman who had successful knee surgery that allowed her to participate in activities with her children or grandchildren. That video has the type of powerful content that gets commented on and shared online all the time. People remember stories"* (Cote, 2014);
- Digital-written and web materials, such as a digital brochure, webinar and web advertisement, which are shared on the Internet (Cote, 2014);
- Online catalogues of hospitals/clinics/destination countries ranking with its reputations, the qualifications of facility and professional services, accreditations, average prices, yearly treatment outcomes. For example, JCI hospital accreditation organization has the catalogue with links to all accredited hospitals; the Danish Health Agency evaluates

Danish hospitals from 1 to 5 stars with service indicators and how often hospitals provide certain procedures (Björnberg, 2018); MTI overall ranking of the world leaders in medical tourism destinations with the factors' measurements of each country (International healthcare research center, 2016).

- Information source via intermediaries such as medical facilitators and agents and brokers, who promote the country and its hospitals in its websites, and physically in traditional ways in patients' home country (Bookman & Bookman, 2007).
- The effective designed and well-informative website of the healthcare providers.

In our time, global medical tourism portals facilitate to search and compare the options for patients. For instance, the Treatment Abroad is a leader of medical tourism portal, where patients can make "search, compare and enquire" information about most popular destinations, services, costs, hospitals, agencies, accommodation and air services, medical travel insurance, patient stories, rating and reviews system, etc (see Appendix 6a). Cooperation of medical companies with the Treatment Abroad can be a good marketing step to attract the potential patients from anywhere in the world (see Appendix 6b).

2.4. Who are Medical Tourists?

Not all international patients can be considered medical tourists. The McKinsey researchers (Ehrbeck, Guevara & Mango, 2008) have defined that medical travellers are people whose primary aim to receive medical treatments abroad. For this reason, wellness tourists, and the ordinary tourists who become injured and sickness during their trips, and expatriates who can have the access to national healthcare according to the residence are not medical travellers (see Appendix 5b).

Cross-border care is one of the ways to grow the business of medical tourism, but not all cross-border healthcare traveller can be defined as the medical tourist. Though both medical tourism and cross-border healthcare are the movements of patients abroad for seeking out medical care, they are different in a decision and condition of the trip (McMahon, 2013):

- Medical tourists can make their own decision to have medical trips, without or against of home doctor recommendation. The treatment decisions in cross-border healthcare are proposed by the local healthcare provider or institution and by bilateral agreement.

- Out-of-pocket payments by the medical tourists in medical tourism versus reimbursements of treatment by the responsible public parties from home according to the agreement between countries.

The cross-border national healthcare arrangements between countries are not the medical tourism, because the business lines of such arrangements are built to transfer patients between national healthcare systems and public healthcare providers, are not considered as out-of-pocket payment transactions. As the example, EU patients have the planned treatment through their rights and reimbursement of costs according to Cross-Border Healthcare Directive 2011/24/EU.

There is now more practice when employers, who are seeking the low-cost treatment options for their employees, have a partnership with private health insurance companies (abbreviatedly, insurers), that offer medical tourism plans. Leveraging less-costly overseas medical trips and incorporate collaborations with abroad medical providers make it possible for health insurers in industrialized countries to reduce costs and increase profitability (Keckley & Underwood, 2008). Patients of such health agreements can be called medical tourists, because of healthcare providers in the destination countries derive income from such collaborations, as if it is out-of-pocket payments by patients.

2.5. Risks

Both for medical tourists and local patients can have the negative impacts of medical tourism.

Crooks, *et al.* (2010) have classified the risk of medical tourists into three categories: the patient's health risks, travel risks, pre- and post-operatively risks. The patient, especially with the cost-saving driver in decision-making factor, can have negative outcomes for his health during the treatment in abroad. The health risks, which patient can face are hospital-acquired infections, medical mistakes, lack of blood supply in case of complications in the hospital, illegal procedures in the patient's home country. If he has health complication, he often must work with the destination country's legal system. This can be difficult if the patient lives the far from the host country and if the country has weak malpractice laws. Therefore, before to have the medical trip, the patient must also focus on the quality and liability factors into the host country namely the accreditation of medical provider, how many hospital's track record of malpractice claims, if malpractice insurance includes in the contract of services with medical provider and/or health insurance provider, the local regulations to resolve the malpractice problem and how these regulations differ from those in the home country, the government/non-

profit organization's support with legal assistance in malpractice claims (Keckley & Underwood, 2008).

One of the travel risks is the medical traveller's psychological stress, due to the mental stress of travel and the treatment far from family. Another travel-related health risk is a trip of the patient with a serious health condition, in the example the risk of deep vein thrombosis during the flying either in pre- or post-operatively (Crooks *et al.*, 2010).

To reduce the risks of travel, in the first situation, offshore and onshore medical companies should provide psychological support to the patient, and in the second situation, the patient should consult with his onshore doctor before starting to plan of the medical trip.

The third risk is continuity of pre- and post-operatively care, which can be disrupted by the informational discontinuity between medical tourism hospital and patients' home doctor; and the lack of after-care treatments, especially for illegal procedures in the home country. At this point, the problem can be sorted out by the openness and cooperation between offshore and onshore healthcare providers, as an example via facilitators, to transfer of patient's medical records and making the plan for after-care treatments in the home.

The risks for local patients in improving medical tourism in their country are the increase in the waiting time and prices, also decreasing wards and beds in the hospitals and clinics. All this must be regulated by the government institutions, medical associations and healthcare providers in the destination country. Mattoo and Rathindran (2006) have offered that the part of revenues from medical tourism needs to use for improving health care services for the poorer citizens.

2.6. Medical tourism cluster and ecosystem

First, it is necessary to understand what a cluster and ecosystem are. Porter (2000) defines a cluster as “*are geographic concentrations of interconnected companies, specialized suppliers, service providers, firms in related industries, and associated institutions (e.g., universities, standards agencies, trade associations) in a particular field that compete but also cooperate*”, where the geographic scope of cluster's stakeholders are determined by the single city or region within a nation over which information, goods and services and others take place. Foreign companies can be a stakeholder of the cluster as investors in local subsidiaries presence. The concept of industry plays the central role in the cluster model, and often cluster is a representative of an industry.

A business ecosystem is the network of interacting organizations and individuals to the delivery of goods and services through competition and cooperation. But in comparison with the cluster, ecosystem model rejects the importance of geographic aspects and the concept of industry in contemplating business in the ICT world and global competitions (Peltoniemi, 2004). Besides the customer is an internal member in the ecosystem model to receive goods and services, when the cluster is focused only on the search for new customers.

Porter *et al.* (2008) have suggested four groups of stakeholders in medical tourism cluster (see Appendix 7a):

1. Health providers, which is the centre of the medical tourism cluster;
2. Tourism cluster which supports the medical tourism, for example, hotels, restaurants, travel agencies and other tourism suppliers;
3. Business Process Out-Sourcing (BPO), which supports the medical tourism by providing medically trained human resources and connects the cluster with international markets and potential medical tourists. The example is medical transcription and call centres;
4. Institutes for Collaboration (IFC), which can be divided into three categories:
 - a. educational institutions, such as medical colleges, tourism institutes etc.;
 - b. government institutions, such as the government departments and agencies in tourism, health etc.;
 - c. business associations, such as health association, hotel association, etc.

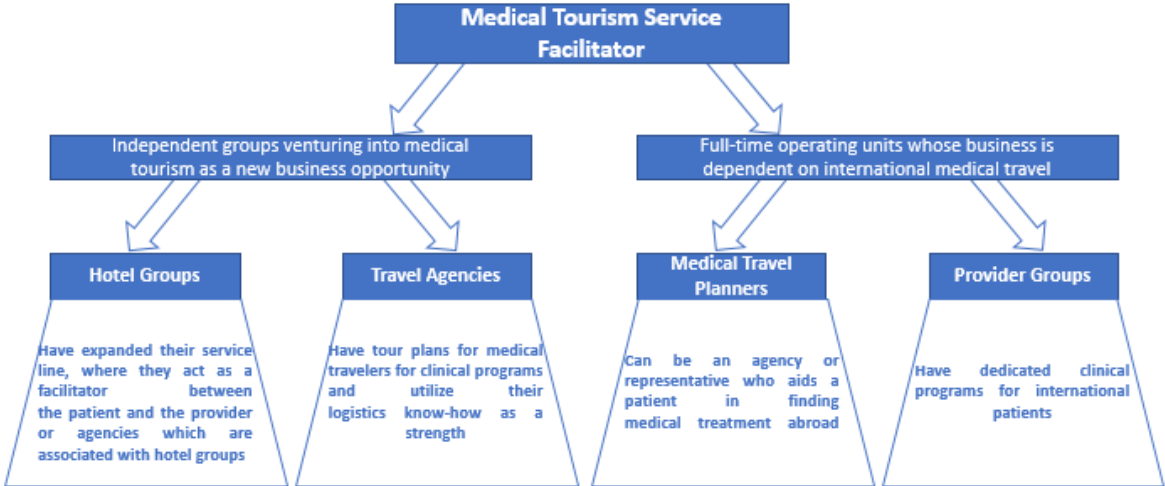
An active participation of health associations and government can bring numerous benefits in medical cluster map: establishing standards, supporting in international accreditation and qualification for providers, promoting of country's and medical providers' brands, creating and simplifying the regulative environment for medical tourism, supporting and regulating in malpractice claims, minimize visa requirements for medical travellers, etc. Medical tourism cluster can include the other stakeholders, such as insurance, financial and banking services, and each country formats the cluster in accordance with their view of the medical tourism industry (see Appendices 7a, 7b). However, not all countries use the cluster business model or use it partially with another model in the building the medical tourism.

Deloitte researchers (Keckley & Underwood, 2008) have noted that the plan of pre- and post-procedure decision-making process can be complex for medical tourists (see Appendix 8).

One way to make this process easier and avoid many risks of medical tourists is medical facilitators, which can be the member of the ecosystem in medical tourism.

Medical facilitators are companies, which have experiences to coordinate the patients and providers in the outbound programs and decision-making process in medical tourism, namely, they provide necessary information on providers and destination country, and also organize online doctor-patient communications, schedules of procedures abroad and pre- and post-operatively in-home countries, visa arrangements and the logistic part of trips, resolve the problem of patients, etc. Deloitte researchers (Keckley & Underwood, 2008) have divided medical facilitators into four groups:

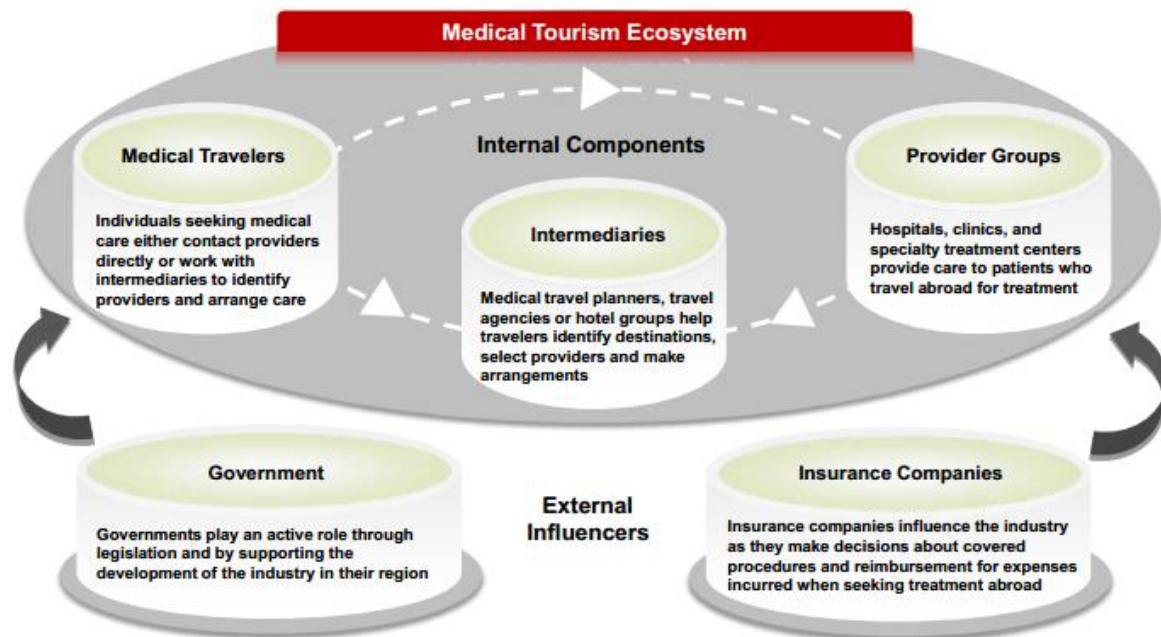
Figure 3: Medical tourism service facilitator



Source: based on Keckley & Underwood (2008)

Patients can often choose facilitators located in their own country, and they can receive lower rates from medical intermediates than directly from healthcare programs abroad. Currently, one of the powerful buyers in medical tourism are insurers, which reduce prices and demand better quality and services from foreign healthcare providers, at the expense of mass purchases of procedures for their insured customers (i.e. employers' companies)

Figure 4: Medical Tourism Ecosystem



Source: Grail Research (2009)

Grail researchers (Grail Research, 2009) have updated medical tourism ecosystem map, which has created by Deloitte, with indications that *“Medical travellers, intermediaries and provider groups are the primary source of momentum in the market while government and insurers are influencing the industry externally”*.

3. Portugal - destination country

3.1. Portugal factors and tourism industry

Portugal is southwestern Europe country is bordered by the Atlantic Ocean in the west and south, and just by one neighbour country, Spain, in north and east. By having the good geographical locations and rich history, Portugal is the popular tourism destination: 1) mostly the Mediterranean and Ocean climate and sub-tropical weather; 2) deep blue ocean, sandy beaches with golden cliffs, nearly 41 natural hot-spring thermal baths, heritage landscape as mountains, ravines, lagoons, forest, waterfalls, lakes; 3) richness in flora and fauna such as exotic flowers, trees, whales, and dolphins; 4) historical sites as castles, palaces; 5) local restaurants with Portuguese cuisine and wines and Fado national music;, etc. The most famous tourist destinations are Lisbon, which is the capital and largest city of Portugal, the Algarve region (the south), Porto (the north), Madeira and the Azores islands.

Portuguese (European) is the country's official language spoken by the majority of the population. The adopted foreign languages in Portugal, are English, French, and Spanish, where English is the second most common language after Portuguese (Sawe, 2017).

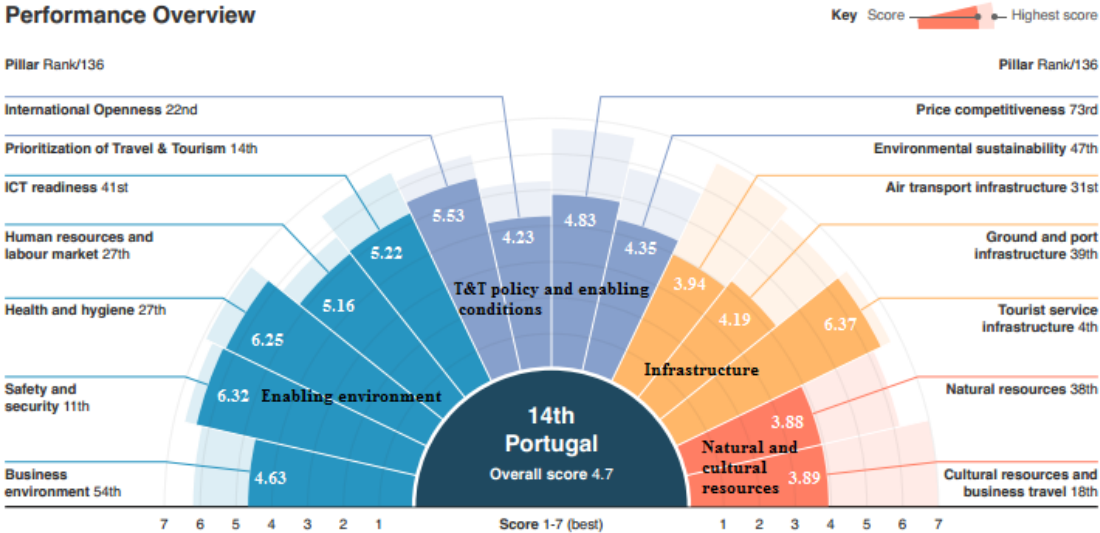
Portugal tourism was ranked 14th with value 4.74 in TTCI ranking in 2017, where 136 worldwide countries were measured, and the leader was Spain with 5,43 (Crotti & Misrahi, 2017). The below Table 1 for 4 sub-indexes and Figure 6 for 14 pillars show factors of competitiveness in Portugal tourism industry, which can also play in the medical tourism industry. Compared with Spain, the peak differences are in two sub-indexes, Infrastructure and Natural and cultural resources, where Portugal scores are lower.

Table 1: Travel & Tourism competitiveness scores, Sub-indexes

Series	Pillars	PRT	ESP	Difference
		Portugal	Spain	
Enabling environment sub-index, 1-7 (best)	5	5,51	5,45	0,16
T&T policy and enabling conditions sub-index, 1-7 (best)	4	4,73	4,75	-0,08
Infrastructure sub-index, 1-7 (best)	3	4,83	5,62	-0,82
Natural and cultural resources sub-index, 1-7 (best)	2	3,89	5,88	-1,93

Source: based on Crotti & Misrahi (2017)

Figure 5: Travel & Tourism competitiveness scores, 1-7 (best)



Source: Crotti & Misrahi (2017)

Considering the rank and score of pillars, Portugal is a safe country (11th) with a strong tourist service infrastructure (4th) and prioritization of travel & tourism (14th) by the governmental supports and marketing activity and country brand strategy; and also with good

scores in health and hygiene (27th), human resources and labour market (27th) and international openness (22nd) compared with the highest scores in pillars. However, the visa requirements' rank is 73 from 136 in international openness. Increasing mobile and broadband mobile subscriptions and Internet users in Portugal can raise ICT readiness (41st) at the higher rank. While some pillars have included in ranks until 40th, their scores are lower in 2,2 than the highest scores, namely: a) using natural (38th) and cultural resources (18th) in tourism; b) ground and port (39th) and air transport (31st) infrastructures. Environmental policy (47th) should more protect the natural resources of the country, especially water, forests and species, which can start one of the main drivers for attracting tourists in the country. Also, the business environment (54th) in Portugal should be improved both for tourism and medical tourism, especially the efficiency of the legal and judicial system in disputes (124th) and regulations (89th), and decrease the high taxation to work, invest and % profits. The hotel prices index (44th), especially in touristic season, and low rank in fuel price (113th) and purchasing power parity conversion (103th) decline the price competitiveness of country (73rd).

Health and hygiene pillar is measured in 6 health indicators, where hospital beds and HIV prevalence have the lowest ranks (Table 2). Some indicators of the Euro Health Consumer Index are analysed below, although this index mostly gives information about Portugal NHS and public medical service.

Table 2: Travel & Tourism competitiveness scores, Health and hygiene

Series	Type	Portugal	
		Rank	Scores
Health and hygiene	Pillar	27	6,25
Physician density /1,000 pop	Indicator	8	4,10
Access to improved sanitation % pop.	Indicator	17	99,70
Access to improved drinking water % pop.	Indicator	1	100,00
Hospital beds/10,000 pop.	Indicator	50	34,00
HIV prevalence, % adult pop.	Indicator	98	0,70
Malaria incidence cases/100,000 pop.	Indicator	1	M.F.

Source: based on Crotti & Misrahi (2017)

In 2016 and 2017, Portugal took the 14th place in the Euro Health Consumer Index and the NHS and system were ahead of Spain and the UK. However, the country rank had not been stable during the 2012-2016 period. Portugal significantly improved from 25th place in 2012 to 16th place in 2013 and 13th place in 2014, but dramatically decreased to 20th place in 2015.

The reason for drop down in 2015 was the negative feedback about waiting times for treatments from patients (Björnberg, 2018).

Table 3: Euro Health Consumer Index 2017, Accessibility

Sub-discipline	Indicator	Comment	Portugal
2. Accessibility (waiting times for treatment)	2.1 Family doctor same day access	Can I count on seeing a primary care doctor today?	Yes, but not quite fulfilled
	2.2 Direct access to specialist	Without referral from family doctor (GP)	No
	2.3 Major elective surgery <90 days	Coronary bypass/PTCA and hip/knee joint	50 - 90% <90 days
	2.4 Cancer therapy < 21 days	Time to get radiation/ chemotherapy after decision	90% <21 days
	2.5 CT scan < 7days	Wait for advanced diagnostic (non acute)	Typically > 21 days

Source: based on Björnberg (2018)

Table 3 shows the result of waiting-time indicators in accessibility sub-discipline. In medical tourism shouldn't have waiting time due to online planning and organizing of procedure schedule with Portugal medical service providers by facilitators and/or medical tourists, but the risk to wait can be for unplanned treatment.

Table 4: Euro Health Consumer Index 2017, Patient Right & information

Sub-discipline	Indicator	Comment	Portugal
1. Patient Right & information	1.2 Patient organisations involved in decision making		Yes, statutory
	1.4 Right to second opinion	Without paying extra	Yes
	1.5 Access to own medical record	Can patients read their own medical records?	Yes, but cumbersome; can require written application or only access with medical professional "walk-through"
	1.6 Registry of <i>bona fide</i> doctors	Public awareness of ready access the info: "Is doctor X a <i>bona fide</i> specialist?"	Yes, on the www or in widely spread publication
	1.7 Web or 24/7 telephone HC info with interactivity	Information which can help a patient take decisions of the nature: "After consulting the service, I will take a paracetamol and wait and see" or "I will hurry to the A&E department of the nearest hospital"	Yes
	1.9 Provider catalogue with quality ranking	"NHS Choices" in the U.K. a typical qualification for a Green score.	To some extent, regional or not well marketed to the public
	1.10 Patient records e-accessible	By doctor to whom patient has been referred	Yes, widely available
	1.11 Patients' access to online booking of appointments?	Can patients book doctor appointments on-line?	Yes, widely available
	1.12 e-prescriptions		Fully functional e-Prescription services across the country or substantial parts of certain regions

Source: based on Björnberg (2018)

Table 4 shows the openness of Portugal healthcare providers in providing and accessing information to patients with using ICT, which is important for medical tourists in pre- and post-procedure process and decision-making. In addition, second free opinion is a highly important factor for the patient to avoid the health risks, because it can affect the diagnosis and treatments. Patient organizations (e.g. private and public insurers) often require the second opinion for the final decision and to control costs from unnecessary procedures and surgeries.

3.2. Medical tourism in Portugal: stakeholders.

Portugal has the following competitive factors to promote medical tourism:

- The quality NHS;
- International accredited hospital providers, especially in private sectors which can be the main stakeholders in the cluster and ecosystem to promote their facilities and qualified medical staffs with international experiences of Western medicine;
- Global brand of rich natural resources, namely thermal and mineral springs as can be used as one of the medical activities, for example in Medical Spa treatments;
- Global brand of tourism service sector, whose industry plays the supported and related role in medical tourism cluster.

Despite all this, Portugal still has no success in creating competitive medical tourism, mainly because of a poorly developed strategy and planning to promote the product in the past. In 2007, Portugal defined ten strategies in tourism, and health tourism was one of the strategies. But the strategy didn't give the good result to attract medical tourists, because of no plan to stimulate health tourism as the tourism product, and focused mostly on wellness services, not on medical services (Santinha, Breda, & Rodrigues, 2015).

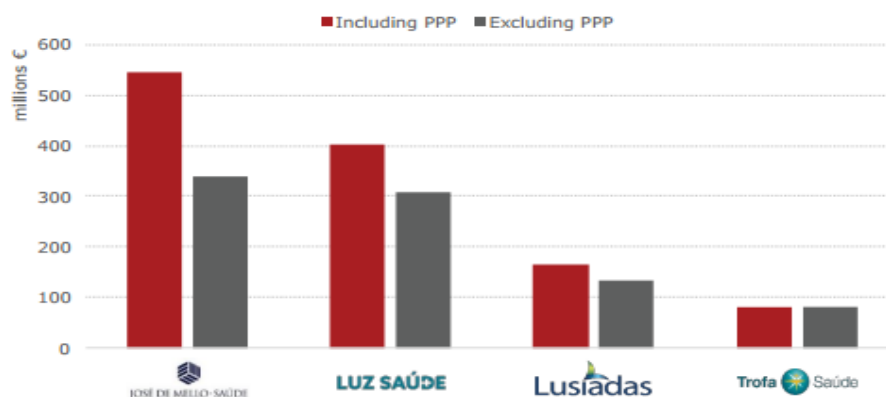
In 2008, the Group of Founders, that consisted of entities, founded a private non-profit association HCP and its mission *“to strengthen the competitiveness of Portugal in the research, design, development, manufacturing and commercialization of health-related products and services, in selected market and technological niches, targeting the most demanding and relevant international markets, based on the recognition of its excellence, technological level and competences in the field of innovation”*. (Health Cluster Portugal, 2018a). Since 2008, HCP members have increased from 55 to 170, including healthcare providers, universities, Research & Development (R&D) institutions, and companies in pharma industrial, ICT, biotechnology, medical devices.

HCP association promotes the project "MT Portugal" as one of the projects of Portugal 2020 strategy program, which considers the development of strategy and creation the plan of actions to build medical tourism as the structured product with using the above advantages. This project was created according to findings of the Report of the Interministerial Working Group on Health tourism, which was published in 2014 (Pinto, 2016). The main stakeholders of the project "MT Portugal" are:

- IFC groups, namely the HCP and the MTAP associations, the Ministry of Health, the Ministry of Economy, the Directorate-General for Health, the Central Administration of the Health System, the Tourism Institute of Portugal, the Portuguese Tourism Confederation;
- Three major players in the private health sector, namely José de Mello Saúde group, the Luz Saúde group, the Lusíadas group, with innovative technology and high-quality services in plastic surgery, orthopaedics, oncology, obstetrics & gynaecology, cardiology & cardiac surgery, etc.

Healthcare group is an entrepreneurial and economic group of the private health sector, which invest in human resources, equipment and quality of their facilities, and orient in customer's satisfaction in medical care and services, that often exceeds that customer's satisfaction in a public health sector. Augusto Mateus & Associates (Mateus *et al.*, 2008) has defined four major private health group in Portugal, namely José de Mello Saúde group, the Luz Saúde group, the Lusíadas group and the Trofa Saúde group, which total turnover amounted to approximately 1.192 billion euros including Public-private partnerships (PPPs) and 862 million euros excluding PPPs in 2014 (Figure 6).

Figure 6: Dimension of four economic groups in the private health sector according to turnover in 2014



Source: Mateus, A. *et al.* (2008)

José de Mello Saúde (JMS) is the largest and oldest healthcare operator with 73 years of experience in Portugal, and with five strategic pillars of organization's performance: differentiating clinical project, flawless customer experience, efficient and consistent operation, value-generating growth agenda, investment in human talent (see Appendix 9). A network of healthcare activities develops: a) through CUF Coordinating Committee and its network of eight private hospitals, nine outpatient clinics and one institute, located in Lisbon, Oeiras, Cascais, Sintra, Mafra, Torres Vedras, Santarém, Matosinhos, Porto, Viseu, S. João da Madeira and Coimbra; b) under PPPs with two public hospitals as part of NHS, namely Braga Hospital and Vila Franca de Xira Hospital. CUF network is divided into three geographical clusters: Descobertas, Tejo and Norte (José de Mello Saúde, 2017; José de Mello Saúde, 2018).

JMS has had the significant outputs in the quality of services through their strategy (José de Mello Saúde, 2017; José de Mello Saúde, 2018):

- CUF Oncology Institute secured the European Society of Breast Cancer Specialists certification as a Specialized Centre in the treatment of breast cancer in Portugal in 2017, and CUF Descobertas and CUF Infante Santo Hospitals recognized as national reference centres for rectal cancer treatment by the Ministry of Health in 2016;
- CUF Infante Santo Hospital recognized as a National Reference Centre for Cochlear Implants in 2017;
- CUF Porto Hospital was certified by the European Endoscopic Surgery Academy as a Surgical Endoscopic Teaching and Training Centre in 2016;
- JCI accreditation of Vila Franca de Xira hospital and Caspe Healthcare Knowledge System accreditation of Braga hospital. Both hospitals have ISO 14001 Environmental Certification;
- CUF Viseu Hospital is the first private hospital in the Central region to receive ISO 9001 quality certification for all its medical services in 2017, etc.
- JMS was awarded “Consumer Choice” in the Health & Well-being category, "Trusted Brand of the Portuguese" and "Five-Stars" prizes in the Private Hospitals category in 2016 and 2017.

JMS invest in human and intellectual capitals for attracting, creating and promoting excellent and qualified professionals, in instance management training, train employees in a humane relationship with the customers, developing education and research program for

updating its professionals such as cooperation with Universidade Nova de Lisboa for hospital practice with teaching (José de Mello Saúde, 2017; José de Mello Saúde, 2018).

Luz Saúde group was established in 2000, and now one of the largest healthcare groups in Portugal with thirteen private hospitals and thirteen private outpatient clinics, and one NHS hospital under PPP, located in the Northern, Central, Southern-Central and Madeira regions of Portugal. To achieve the organization's mission, the group creates three pillars: 1) Excellence, for patient's satisfaction; 2) Innovation, for the best and effective treatments by using cutting-edge technology; 3) Talent, for attracting, developing and retaining the best professionals (Luz Saúde, 2018; Jalles, Ventura & Lopes,2018). The group is actively present in Lisbon, where operates the largest private hospital in Portugal, namely Hospital da Luz Lisboa, and in Porto with Hospital da Arrábida.

The most hospitals of Luz Saúde group have ISO 14001 and 9001 certifications for several services, and in below Table 5 indicates accreditations and other certifications of three hospitals.

Table 5: The accreditations and certifications of services until 31 December 2017

Healthcare Unit	Accreditations	Other certifications, except ISO 14001 and 9001
Hospital Beatriz Ângelo	International Joint Commission Accreditation	
Hospital da Luz Lisboa	Molecular Medicine Department accreditation by the European Association of Molecular Medicine	Palliative Care Unit certified by the European Society of Medical Oncology
	Echocardiography Laboratory accreditation from the European Society of Cardiology	
Hospital da Luz Póvoa de Varzim		Laboratory of Clinical Pathology certified by Portuguese Order of Pharmacists

Source: based on Jalles, Ventura & Lopes (2018)

The third major player is the Lusíadas group, founded in 1998, and nowadays its network of healthcare facilities consists of four hospitals and seven outpatient clinics and one hospital under PPP. Only this healthcare group in comparison with the other two groups in the project “MT Portugal”, has hospitals and clinics in the Algarve region in the south of Portugal, namely in Faro and Albufeira cities. Other medical facilities are in the Porto districts, namely in Porto and Vila Nova de Gaia cities, Lisbon districts, namely in Lisbon, Amadora, Cascais, Sacavém, and in Almada (Lusiadas, 2018a).

The group is recognized by innovation, capabilities of improvement, excellence and accuracy, and its mission is to enhance the performance, work with healthcare professionals and support the physician/patient relationship with information and tools for personal health

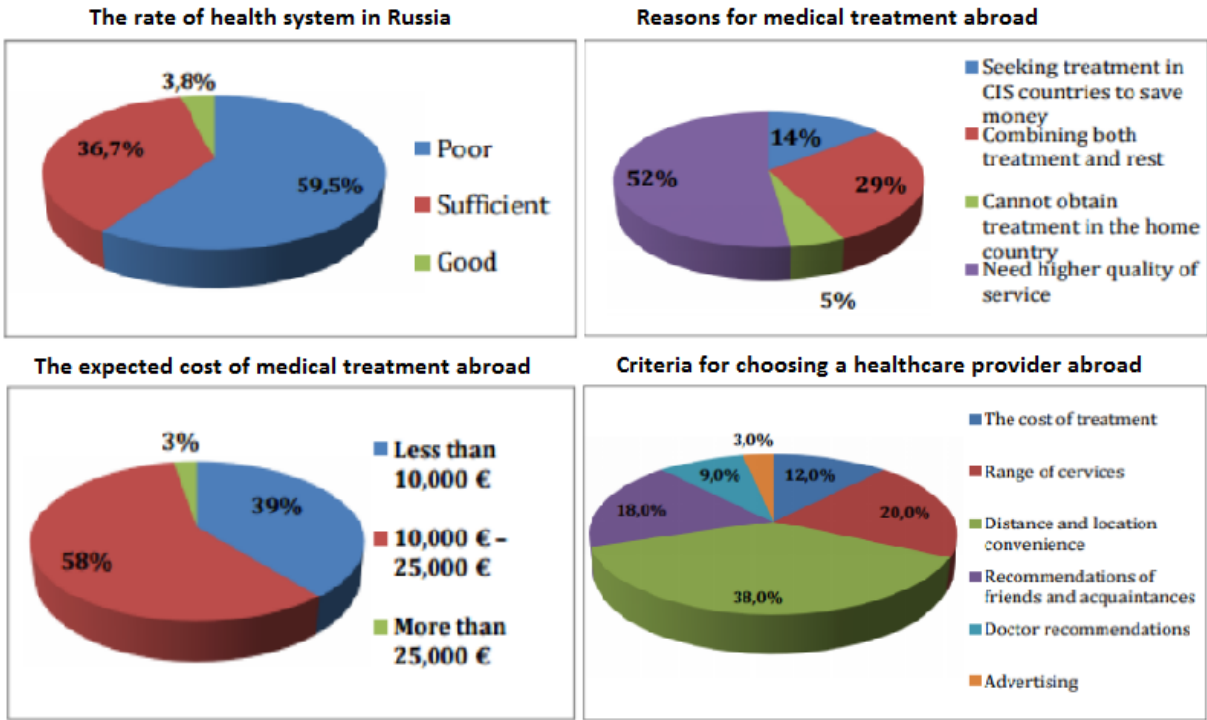
choices and decision. Hospital Lusíadas Porto, Hospital Lusíadas Lisboa and Hospital de Cascais (PPP) have JCI accreditations (Lusiadas, 2018b).

4. Russia and Russian-speaking target market

First, the short information about push factors of Russian-speaking countries for medical treatments outside have been reviewed.

"Medical Tourism from Russia" exhibition is the largest and annual Medical tourism exhibition in Russia focused on connecting health providers with potential Russian patients, namely upper middle-class citizens with high income, company executives and owners, medical facilitators looking for business contact. The Aigroup researchers (2014) have identified the Russian patients' push factors to have medical trip through a survey of 422 out of 3500+ visitors to Spring Moscow Medshow exhibition in 2014. The result, poorly developed health system in Russia and seeking high quality in medical services, and distance and location convenience, are the most popular push factors according to Figure 7.

Figure 7: The pushed factors for treatment outside Russia



Source: Aigroup (2014)

Despite the fact, that the national health system is free for citizens in most post-Soviet Union countries, the medical facilities in regions cannot provide the quality treatments and

services. The reasons, regional hospitals and clinics in Russia are in poor condition, generally, old and not well equipped with new and cutting-edge technology, the low quality by Western standards, lack professional doctors and medical specialists, long-waiting time in lines and corruption in informal payment (Hays, J. 2008) Mostly the high-quality and high-tech medical facilities are located in major cities and capitals, such as Moscow and St. Petersburg in Russia, with leads the long waiting lists and high costs.

The cost plays the second role in push drivers for treatment outside of Russian-speaking countries. According to Figure 7, the Russian patients can spend approximately 10,000-25,000 Euro, but this amount has seriously decreased due to no stable situation with the exchange rates in a country, namely the weakening of the Russian rouble and the imposition of sanction.

The main obstacles at the first stage of building links with Russian-speaking potential partners and patients are knowledge of the mentality of the patient and the Russian language (Ratian, 2015). Russian is one of main spoken language in the most post-Soviet countries, especially in CIS countries. To create a native environment for the patient, the destination country should provide the translation and translator support before, during and after the medical tourism trip. In addition, medical workers abroad should consider the difference in mentality and culture in Russia and CIS countries, namely, Russia includes different federations with different religions, culture and the second official language

The most popular medical destinations for the Russian citizens are Israel and German, which have a sustained experience of working with Russian partners and patients in medical tourism; also popular are Switzerland, Austria, Finland and France; new players Turkey, Spain and Italy; and Asian countries, such as India, Thailand, South Korea and China (Gustova, 2018). According to the Russian Association of Medical Tourism, Germany, Austria, Finland, Switzerland and Israel are best suited to the needs of Russians, because of their high level of service for receiving foreign patients, namely doctors and clinics are ready to work with foreign patients, and a low language barrier - professional translators work with foreign patients. *“We once held an event in Rostov, Israeli clinics had an agiotage among the residents. The Spanish clinic, which was at times more budgetary, and the level was not inferior to the Israeli, had the minimal demand. The Russian patients, especially in regions, in this regard, are conservative and practically not open to new countries”* (translated by author) according to the director of TopMedClinic, Russian medical tourism portal (Gustova, 2018). This attitude in many cases explains the Russian culture and mentality much more focused on trustful relationships.

5. Methodology

5.1. Research instrument

The primary objectives of this study are to explain and understand:

- the push factors of Russian and Russian-speaking medical tourists for seeking treatment abroad;
- the pull factors of Portugal for attracting Russian and Russian-speaking medical tourists;
- restrictions of the project "MT Portugal" to build customer and partner relationships on the Russian-speaking target market.

The literature review and qualitative study was used to formulate the objectives.

One of the study's instrument is a literature review that gives and expands the knowledge of researchers and readers and helps to understand the subject of study from an academic point of view. This study is examined the literature on medical tourism, namely the push and pull factors and drivers in decision-making, risks and business models, such as the medical tourism cluster and ecosystem. In addition, the surface research of factors in tourism and health sectors in Portugal, and motivations of Russian patients for medical trips is become the next stage of the study using secondary data.

The received literature knowledge has started to be a framework for the surface research and qualitative research, namely, the creation of the structure of interviews and questions. It means literature about medical tourism has played as supporting information, whereas the stages of surface analysis and qualitative research have given in-depth knowledge of the study's objectives.

In this study, semi-structured interviews are used as primary data to analyse the problems of building relations between Portugal and the Russian-speaking target market in medical tourism. A semi-structured interview allows changing prepared open questions during the flow of received answers in conversation with the interviewee. Also, the academic and professional knowledge of participants in the subject of research can provide the significant finding than numerical facts. For the reason, experts in the field of health and medical tourism were invited to participate in this study.

5.2. Participants

In this study, the experts were divided into two interview groups, which has allowed to research the problems from two angles: from the supplier side, namely Portugal, and from patient's side, namely Russian-speaking patients.

In the first group, two stakeholders of the project "MT Portugal" were interviewed for the internal vision of the project and the medical tourism cluster in Portugal. In the second group, the medical facilitator in Kazakhstan was the respondent to get information on the establishment of a reliable ecosystem between the destination country, namely healthcare provider/cluster, and Russian-speaking country, namely patients and the patients' providers. All participants have the professional skills in health and/or medical tourism industry.

Even though all the interview participants are non-native English speakers, there were no misunderstandings during the interview. During the interview with the first groups, an openness to ask again removed the language barrier. In the interview with an expert from the second group, there was no barrier since both the author of the study and the respondent are Russian-speaking. Phrases of this respondent in the study were translated by the author.

5.3. Data collection

As stated above, qualitative data was collected through semi-structured interviews. Potential participants in Portugal were sent emails requesting to participate in individual interviews for the master's study, with the research summary. If in the selection of experts in Portugal were used the snowball-sampling method (some potential participants know each other), the expert in the Russian-speaking country was selected independently of the Portuguese network.

The interviews were conducted in the form of face-to-face interviews, that lasted about an hour, a trusting relationship between the researcher and the respondents were built during the interviews. Questions were created individually for each interviewee with the use of literary knowledge about medical tourism and based on the professional experience and skills of each expert, namely in strategy and marketing, customer-oriented services in the healthcare industry, medical intermediate services. As noted in the previous sub-chapter, the design of the semi-structured interview allows to change and ask additional questions during this interview. This

design helped to get more accurate information according to the expert's professional knowledge and experience in medical tourism.

After data collection, the interview data were analysed to obtain the relevant result in accordance with the literature. Namely, irrelevant information with literature was deducted and long statements were narrowed down to one or a few sentences to obtain the most relevant information for the study's objectives.

5.4. Limitation

The researcher met several limitations for the generalization of findings with an adequate data:

- The lack of adequate research on medical tourism in Portugal was a barrier to analyse the problems in the construction of country medical tourism using secondary (the numerical and academic) data;
- The reputation of Portugal healthcare providers is not well-known globally, and this has made it impossible to analyse the feedbacks of medical tourists using secondary (the numerical and academic) data.

6. Results and discussion

6.1. Information gathered in Portugal

For this study, two experts agreed to give the face-to-face interviews, which helped to gather detailed information on the project “MT Portugal”. The first expert was Mr. Joaquim Cunha, Executive Director of HCP association, and the second expert was Ms. Rute Ferreira, Sales Department - International Office in JMS, with medical education.

According to an interview with Mr Joaquim Cunha, *“the project “MT Portugal” was created to understand the weaknesses and strengths of Portugal in medical tourism, and attract the investment and major players in the health cluster. Over the past five years, we have come to several conclusions: a) medical tourism is mainly inactive in the medicine public sectors due to government obligations; b) the strategy should be mostly oriented to build medical tourism in the private healthcare sectors than in the tourism sectors; c) it is not easier to be competitive”*. As the result, three major private health players with high-quality medical services and latest technology joined into the project “MT Portugal”. In addition, Medical Port

facilitator has become one of the supporters of the Portugal health cluster, which has already had a practice in organizing medical travel plan for medical travellers.

Despite the fact, that Portugal can offer the high-quality medical services, in which Portugal can be competitive, it has still lacked the international recognition in the world. The reasons are *“lack practice in the medical tourism, and the mental cultural barrier of the medical providers, who have just started to look at medical tourism as the opportunity for the new market and profit”*. For this reason, HCP association with other stakeholders are focusing more on the promotion of high-quality medical services and innovative R&D institutions to attract the medical patients. This year, they have created the English online brochure and the web-video with the name "Portugal, a privileged destination for medical tourism" to attract medical tourists, partners and investors (Health Cluster Portugal, 2018b). Also, they have created the website “Medical tourism in Portugal” with the information about Portugal medical care and providers with the hyperlinks of three major medical groups, about tourism factors, and other necessary information, such as visa and entry formalities, transportation, VAT. (Medical tourism in Portugal, 2018). As the written material, the advertisement about Portugal medical tourism is published in the magazines of TAP- Air Portugal.

Portugal doesn't have a cost advantage, because of *“the medical services prices are not competitive comparing to some leaders of medical tourism”*. Also, one of the problems is the language barrier, *“although most doctors in private health sectors can speak English, the knowledge of other foreign languages is also important for attracting international patients.”*

According to a conversation with Ms Rute Ferreira, Portuguese healthcare providers were previously focused only on medical services for local and international patients with residences and ordinary tourists. *“The decision to join the Portugal health cluster shows JMS openness in new medical market as the business opportunities”*.

In 2016, JMS set up a new unit (International office) in the Sales Department to develop medical tourism, namely to link with potential clients and facilitators abroad, resolve the barriers in logistical and ecosystem, support to medical tourists before, during and after the provision of medical services. Portugal healthcare groups are still competitors in the local market, but not in the medical tourism market: *“representatives of International departments/offices of the three health groups work together to combine their efforts and create the joint medical offers in the target markets abroad”*, which will make Portugal competitive in global medical tourism.

Both experts have indicated Russia as one of target markets to promote the medical offer. From the interview with Ms Rute Ferreira, *“currently, we are working to develop the outside link with Russia, especially with one big Russian insurance company. About 150,000 insurer’s patients had medical treatment abroad last year, and our goal is to attract their patients to Portugal”*. But the stakeholders of the project "MT Portugal" have faced some barriers in the building ecosystem according to the insurer's requirements and patient’s expectations. The barriers mostly consist of language, logistics and insurance in Portugal. For example, the lack of Russian-speaking medical staffs and responsibility for medical tourist from the first step in the country, not in a medical facility.

6.2. Information gathered outside Portugal

Ms Roza Bekenova, Director of a travel company Planeta.kz and therapist in a specialty was the third expert for this study. Planeta.kz locates in West Kazakhstan, and one of the business main directions is medical tourism. They help the medical tourist with choose medical facilities, contact with the health care provider, make a survey plan, calculate the preliminary costs, visa arrangement, the health insurance for accidents, book air tickets and hotel, tours upon request of the patient. Nowadays, they work with healthcare providers in South Korea, India, China, Turkey, Greece, France, Israel, Germany, Italy, Spain and others.

According to talk with Ms Roza Bekenova, *“the company works with International departments of healthcare providers abroad directly, not with medical facilitator abroad. It avoids additional cost for patients, as well as better organization of the trip. Accreditation of medical facility plays a role in the first step to choose the partner. The key roles of the long partnership are the excellent work of the International Department and patients' satisfaction in medical trips”*. The following indicators determine the level of work of the medical provider in cooperation: number of processed incoming applications and number of realized cases of patients, considering patients' satisfaction. *“We often provide the application to several partners, and a quick response to the incoming application with the patient's medical records in Russian, increases the chance that the patient will choose this medical provider. From last practice, while some International departments processed applications, another responded within 3 days and started the pre-procedure process”*. If the number of incoming applications is much greater than the number of realized cases, this leads to a worsening of a trust relationship or termination of cooperation between partners. The complicated visa procedures can be a barrier to the realization of the cases of patients.

The patient's satisfaction depends not just on the professional medical services and the outcome of treatment, but also on the medical trip's cost and condition of providing service. Some countries include the following additional services (all or part) in the medical tourism offer for the medical tourist and the family members:

- Car transfer, *“as the example Korea provides a free transfer airport-hotel-airport, as well as from the hotel to the clinic and back, at least during the first three days of treatment for adapting location”*;
- 24/7 online and telephone medical assistance, preferably in Russian;
- free translator (coordinator): *“Most medical partners provide accompanying persons in clinics, especially. If he speaks Russian, it helps to remove the language barrier and create a familiar environment for the patient. It's highly important for the patients, as example old people, who don't speak English”*;
- discount on hotel price. *“Some medical providers give the discounts in the hotel prices. Also, some clinics provide wards, that meets the standards of a good hotel. The family member can live with the patient in double ward”*
- flights from some major cities of the residence country in the destination country, if necessary. *“Kazakhstan has a huge territory, and the patients from the eastern, northern and southern parts can have the longer trips in Europe than the patients from the western parts”*. (The author's note: Russia is a Eurasian country like Kazakhstan with larger territory than Kazakhstan)

Also, the medical traveller should take into consideration the unplanned additional cost of medical treatment (for instance longer staying in the clinic than planned), and such an approximate budget should be advised by healthcare provided. *“Nowadays, Russia and Kazakhstan don't have a stable situation with the foreign exchange rates, that's why the calculation of the preliminary costs of medical travel also play the significant roles in the choice of hospital”*.

The healthcare providers are under the responsibility of providing the medical and malpractice insurances for patients, because of patients' providers usually can support in the ordinary travel insurance for accidents and medical emergencies abroad, which is usual requirements for visa procedure.

Portugal is an unknown country as country medical image for Kazakhstan (and Russian), it means not well advertised abroad.

6.3. Discussion

According to research, the push factors of Russian-speaking patients in medical tourism is poor healthcare system, the poor condition in regional hospitals and clinics with low quality treatments and professional doctors, corruption in informal payment, and long waiting lists and high costs in high quality medical facilities in the capital of country, for example in Moscow and St. Petersburg in Russia. The main reason for treatment abroad is to receive the higher quality, and criteria for choosing the country is distance and location convenience according to Aigroup researchers (2015). Although, the cost is starting to play more role in choosing the medical destination country due to the weakening of the Russian Rouble by sanctions in Russian-speaking countries.

The Russian-speaking mentality is more focused on long-term and trustful relationships, which encourages the patients to choose countries with long experiences in providing high-quality services and conditions for Russian-speaking patients, such as Israel and Germany, than a new player with a medical offer in his country. This explains the high influence of the source "word-of-mouth" in the decision of the Russian-speaking patient, namely the satisfaction of other Russian-speaking patients (including friends and family) with successful treatment, costs, car transfers, friendly staff, home environments, low language barriers (with using translators) in clinics abroad. For this reason, Portugal, as a new player, should not only attract the first patients from Russian-speaking countries, but also get satisfaction of these patients in high-quality medical procedures and conditions in clinics and hospitals in Portugal

Though Portugal has strengths in the tourism, thermal spas and quality of health services, the study points to some barriers and restrictions for building relations between Portugal and the Russian-speaking target market in medical tourism. Below (see Table 6) the obtained data of surface and qualitative research are shown, namely, the advantages and disadvantages of pull factors of Portugal, as well as restrictions and barriers. The data in Table 6 has been created and analysed in accordance with the literature review on the measurement of pull factors and risks.

Table 6: Portugal's pull factors for Russian-speaking medical tourists

Portugal's pull factors		Advantages	Discussion
Tourism-based factors			
Country environments	Country image and brand	High	Among the top twenty countries in TTCI ranking, with stable political and labour environments.
	Safety and security	High	Safe country (11th rank) in TTCI
	Legal framework	Low	Low ranks of the efficiency of legal framework in settling disputes (124th) and in challenging regulations (89th) in TTCI. The risk of long legal procedures in malpractice claims
	Language and cultural similarities	Low	Lack of Russian-speaking staffs, and not well-built the familiar environment for Russian-speaking cultures.
Tourism destination	Country attractiveness and tourist attractions	High	The attractive touristic destination, namely "sea, sun and sand", and is among the top twenty countries in TTCI with a strong tourist service infrastructure and prioritization of travel & tourism
	Proximity: travel time	Medium	A good score in air transport infrastructure (TTCI), but long trips from/to Russian speaking countries (and cities) with indirect (transit) flights (high travel risks).
	Visa procedures	Low	Complicated visa requirements (73th rank in TTCI)
Medically-based factors			
Cost	Treatment costs	Medium	The medical services prices are not competitive comparing to some leaders of medical tourism, such as Asian.
	Travel costs	Medium	Direct and indirect (local & international) flights, no international single airline can serve all destinations abroad.
	Hotel costs	Medium	Seasonal prices, and 44th rank of hotel prices in TTCI
	Favourable exchange rate	Medium	Euro vs Rouble, the weakness of the Russian rouble and other currencies of Russian-speaking countries.
Available	Medical procedures	High	Plastic surgery, orthopaedics, oncology, obstetrics & gynecology, cardiology & cardiac surgery, etc.
Waiting time	Short-waiting time	High	Medium waiting time in NHS, but no waiting time in medical tourism, because of online planning and organizing of procedure schedules in the pre-procedure decision-making process
Medical quality	Quality standards	High	Medical facilities of three healthcare groups have ISO certifications

	Accreditation	High	Medical facilities of three healthcare groups have JCI accreditations
	Professional and educated doctors and staffs	High	High investments in human and intellectual capitals, for example, education and research program for human talents.
	Innovation	High	Innovative R&D institutions and medical facilities with cutting-edge technology
	Customer experience	High	Training of medical staffs in relationships with the customers/patients, and customer experience to support during treatments. However, low experience with Russian speaking patients (language barrier).
	Country medical reputation	Medium	Portuguese healthcare groups have good reputations in the country but have still lacked the international reputation in the world.
Information sources consulted			
Promotion & Reputation	ICT Readiness	High	High using ICT for accessing and providing information and medical records, online booking, online communications, etc.
	Promotion and advertisement	Medium	High-quality medical services of healthcare groups are advertised more in English digitally and in the magazines of TAP- Air Portugal, than in Russian-speaking countries.

Source: Author analysis

In addition to research, Portugal government and the airport authority of Portugal "ANA Aeroportos de Portugal" plans to start the construction of a new Lisbon international airport in Montijo, Lisbon region, and finish until 2050 (Lisbon-Airport.com, 2010) In the future, the number of international flights to Portugal will be increased thanks to the new airport, and this gives a chance for the development of new air lines from Russian-speaking countries, including low-cost or charter flights.

The key point in a good ecosystem with the Russian-speaking customer for example, with the insurance company (or another patients' provider), is to monitor two indicators: the number of processed incoming applications and the number of realized cases of patients, considering patients' satisfaction. The number of realized cases shouldn't be highly less than the number of incoming applications, or this leads to worse or termination relationships by the customer side. Three major healthcare groups in Portugal are good at using ICT to collect the necessary internal information and provide them to patients. For this reason, it will not be difficult for them to speed up the processing of incoming applications from medical intermediaries and patients with ICT and translation support.

7. Recommendations

This chapter provides recommendations for the removal of some restrictions that are listed in Table 6. The recommendations have been created and analysed according to the literature review and qualitative research, mostly the interview with the expert from Kazakhstan.

Government regulations in legal framework and visa. Portugal governmental bodies and IFCs of the project “MT Portugal” should simplify visa procedures for medical travellers and accompanying persons, especially for non-EU citizens: to introduce medical visa for longer staying (than planned), minimize visa requirements (less bureaucracy), and provide special conditions for seriously ill patients who require urgent medical travel, such as a visa can be obtained on arrival. Also, they should regulate the malpractice law for medical tourists, provide insurances against malpractice and infections, and legal assistance, especially if no Portugal embassy in the patient's host country and/or vice versa.

Language and cultural similarities. Even though English is the official language of the medical tourism business, the high level of language barrier can reduce the flow of medical tourists from foreign (not Portuguese-speaking and English-speaking) countries. Russian speaking doctors in medical facilities are not the key to solving this problem, as medical tourists seek qualified professionals abroad. In this case, Portugal medical tourism cluster should involve translation companies or associations to serve the target markets, which provide:

- professional translating of patients’ medical records for the processing of the incoming applications, as well as doctors' and financial reports from the Portuguese to Russian and English, and other requested documents;
- the professional translators who speak Russian and accompany the foreign patients in clinics, especially for the interpretation of communication between the doctors and the patients. Moreover, if the translator has the same nationality or a closer mentality and culture with the patient, this can reduce the risk of the medical traveller's psychological stress;
- 24/7 online and call centre employees with knowledge of Russian and English.

But anyway, Portugal's healthcare groups should have employees in International departments, who speak the language of the target markets for establishing effective cooperation with patients' providers, namely insurance companies and medical facilitators

abroad. They take responsibility for the organization of logistics (except the tourist sector) for medical tourists, namely the processing of incoming applications, the provision of necessary documents and instructions, the organizing of the online connection between doctors and patients/patients' providers, the schedule of procedures, car transfers (airport-hotel-clinic-hotel-airport, at least for the first days) and accompanying persons (coordinator and/or translator), etc. Also, International department can organize physical therapy in thermal spas as the bonus on the request of medical tourist.

Cost. The weakening of Russian roubles leads to a reduction in the amount in US dollars and euros that can be spent by patients. If compare the medical trip costs in different countries and the prices of the medical treatment in private medical facilities at home in Roubles, this can lead to the fact that Russian patient and the insurance company will choose the treatment at home, or in the country with the quality medical services and the favourable price offer.

The price for medical procedures and surgeries in Portugal is not competitive in the global medical tourism sector, but the creation of medical tourism package with quality medical services can give more strength in competitive, at least with some leaders in medical tourism. For medical tourist, the medical tourism package can include (all or part): medical treatment, support in visa documentation, car transfer, the translator/ coordinator during treatment, 24/7 emergency medical assistance, discounts in wellness and/or medical spa (e.g. massage, spa, thermal bath) to aid healing, discounts in TAP air-tickets and hotel, sightseeing tour with a guide, discount at the surf school (if this is not contraindicated for the patient) and others. For the corporate client, such as insurance company, Portugal medical cluster should provide the similar medical tourism package, but with a corporate discount for treatments (for example, the discount for more patients).

Promotion and advertisement. The stakeholders of the project “MT Portugal” should promote the Portugal healthcare group reputation with high-quality medical services not just by advertisement in global networks and in TAP- Air Portugal magazine, but also in the Russian market. The reason, most passengers of TAP-Air Portugal are Portuguese citizens and residents (including expatriates with the residence), and then VFF and ordinary tourists. The advertisement in the Aeroflot Style magazine (see Appendix 10) can give more opportunity to attract Russian speaking and other foreign medical tourists, because of Aeroflot is one of the largest airlines in Russia, and Aeroflot Style magazine covers an audience of more than 1 million people every month (T-MEDIA.press, 2018). In addition, advertisements in

TopMedClinic, Russian medical tourism portal, and physically participate in an annual exhibition Moscow Medshow can increase Portugal's chance to attract potential medical tourists, find and build the partnerships with medical intermediaries abroad. “*The Moscow Medshow is the premier B2C medical tourism exhibition in Russia*” (Aigroup, 2014), where the stakeholders of the project "MT Portugal", namely health groups, can find not just the potential medical tourists, but also the potential partners, medical intermediaries and insurance companies.

As noted in the previous chapter, the "word-of-mouth" recommendations of patients can play a key role in the flow of medical tourists from the target market. For example, creating a web-video with a Russian-speaking patient, who can be a Portuguese resident, with his/her story in successful treatments of serious sickness or satisfaction with the result of plastic surgery. Web video can be distributed in social networks, in medical tourism portal, on the website of medical facilitator in Russia.

8. Conclusions

The main reason for increasing medical tourism is the dissatisfaction of patients in the local NHS and private health sector, which push them to seek the treatments abroad. For this reason, the medical tourism business has an enormous potential in worldwide, and more countries want to be big players in medical tourism. And it's real, at first to be a new player, then a small player and lastly become one of the leaders in global medical tourism. It mostly depends on the business model of country to attract the medical tourists, for example, the well-organized medical tourism cluster with the strong support of the government.

Portugal has already taken the first step in medical tourism by creating a medical tourism cluster with the engagement of HCP association and three major health groups, tourism players, educational institutions and other stakeholders with the support of Government and Compete 2020 program. Cluster stakeholders are beginning to understand that working together to provide medical and tourist services can benefit all of them.

Portugal's next step should be vigorous efforts to construct strong, competitive, customer-oriented and well-organized health tourism cluster with attractive medical tourism packages and with good business and social and legal environment for medical tourists and partners. It means before building an ecosystem with potential patients' providers, the cluster should focus on the patient satisfaction score and creation the native environment for potential medical

tourists, in our case with Russian-speaking medical tourists. This can be done with more customer-oriented marketing research about the target market, namely: knowledge of patient's culture, language and patient's mental perception of the quality of medical care and services, the push factors and motivations for treatment abroad, which advertisements can attract potential citizens, why one or two destination countries are more popular for medical trip than others, e.g. cost and quality, good logistics, and conditions for patients, what medical procedures are more popular among medical tourists in target market, and how much they are willing to spend for medical trips, and what medical tourism offer attract more potential medical tourists and insurance companies from target market.

Portugal has a great potential in building a reputation as an attractive destination country in medical tourism through the innovative R&D institutions and medical facilities with high-quality medical services and professionals, country attractiveness as "ocean, sun and sand", well-built tourism and wellness tourism, the hospitality of citizens and country.

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Appendices

1. Top twenty in Travel & Tourism Competitiveness Report 2017 (Crotti & Misrahi,2017)

Country/Economy	Rank	Score	Change since 2015
Spain	1	5.43	0
France	2	5.32	0
Germany	3	5.28	0
Japan	4	5.26	5
United Kingdom	5	5.20	0
United States	6	5.12	-2
Australia	7	5.10	0
Italy	8	4.99	0
Canada	9	4.97	1
Switzerland	10	4.94	-4
Hong Kong SAR	11	4.86	2
Austria	12	4.86	0
Singapore	13	4.85	-2
Portugal	14	4.74	1
China	15	4.72	2
New Zealand	16	4.68	0
Netherlands	17	4.64	-3
Norway	18	4.64	2
Korea, Rep.	19	4.57	10
Sweden	20	4.55	3

2. Top twenty thermal/mineral springs market in 2015 in Global wellness economy monitor report (Yeung & Johnston, 2017),

Top Twenty Thermal/Mineral Springs Markets, 2015

	Number of Establishments	Revenues (US\$ billions)	Rank in 2015
China	2,200	\$15,721.6	1
Japan	17,328	\$12,493.4	2
Germany	1,265	\$6,823.7	3
Russia	823	\$3,075.9	4
Italy	760	\$1,674.5	5
Austria	181	\$905.1	6
Turkey	267	\$691.5	7
Hungary	546	\$665.9	8
Spain	247	\$658.8	9
Poland	185	\$620.6	10
France	175	\$582.4	11
Brazil	147	\$526.1	12
Czech Republic	90	\$513.0	13
United States	217	\$487.7	14
Switzerland	71	\$479.6	15
Slovenia	74	\$426.8	16
Slovakia	97	\$371.0	17
Portugal	84	\$308.2	18
Iceland	139	\$301.1	19
South Korea	96	\$293.2	20

Source: Global Wellness Institute

3. **2016 Medical tourism index overall ranking** (International healthcare research center, 2016) <http://www.healthcareresearchcenter.org/medical-tourism-index/>

2016 MTI Overall Ranking					
1. Canada	76.62	16. Dubai	67.54	31. Morocco	59.77
2. UK	74.87	17. Jamaica	67.17	32. Turkey	59.49
3. Israel	73.91	18. Thailand	66.60	33. Jordan	57.02
4. Singapore	73.56	19. Philippines	66.40	34. Russia	57.01
5. India	72.10	20. Taiwan	66.28	35. Oman	56.90
6. Germany	71.90	21. Argentina	65.37	36. Tunisia	56.78
7. France	71.22	22. Brazil	65.22	37. Kuwait	52.69
8. South Korea	70.16	23. China	64.78	38. Saudi Arabia	52.43
9. Italy	69.50	24. Poland	63.79	39. Bahrain	51.99
10. Colombia	69.48	25. Abu Dhabi	63.65	40. Lebanon	49.92
11. Spain	68.29	26. Malta	62.97	41. Iran	36.00
12. Japan	68.00	27. South Africa	62.20		
13. Panama	67.93	28. Egypt	60.92		
14. Costa Rica	67.67	29. Mexico	60.70		
15. Dominican Republic	67.58	30. Qatar	60.07		

Americas
Europe
Asia
Middle East / Africa

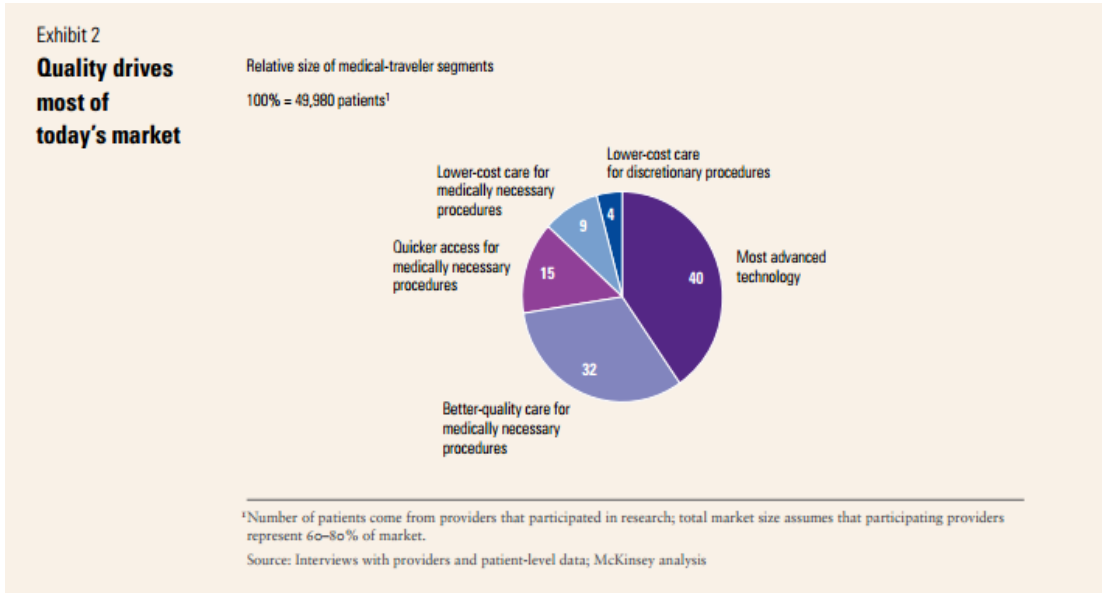
4. **The Evolution of Wellness.** (Global wellness institute, 2017) <https://www.globalwellnessinstitute.org/history-of-wellness/>

The Evolution of Wellness

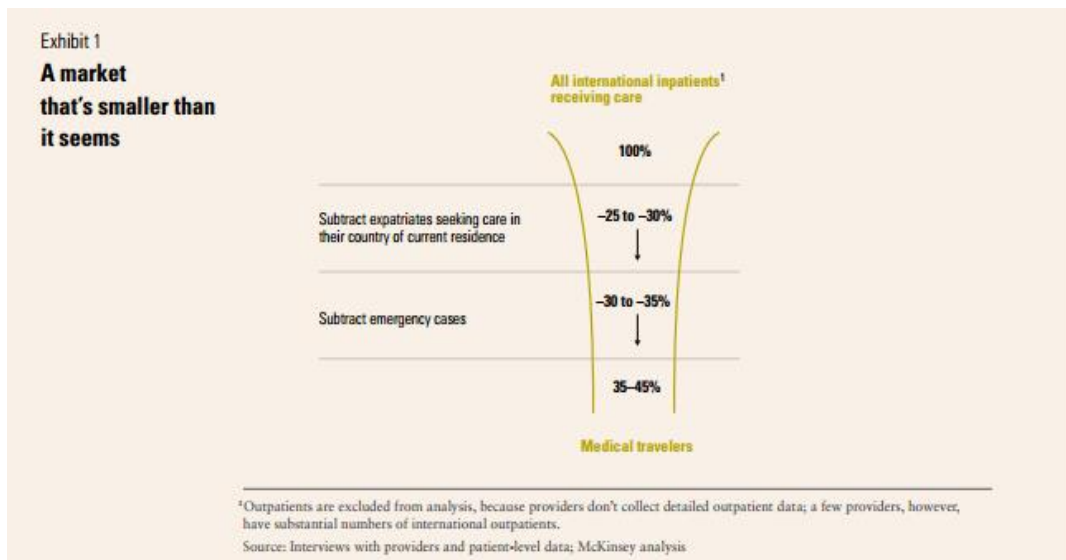


5. **Mapping the market for medical tourism**, according to McKinsey researchers (Ehrbeck, Guevara & Mango, 2008)

a) Five segments of medical travellers



b) Medical travellers



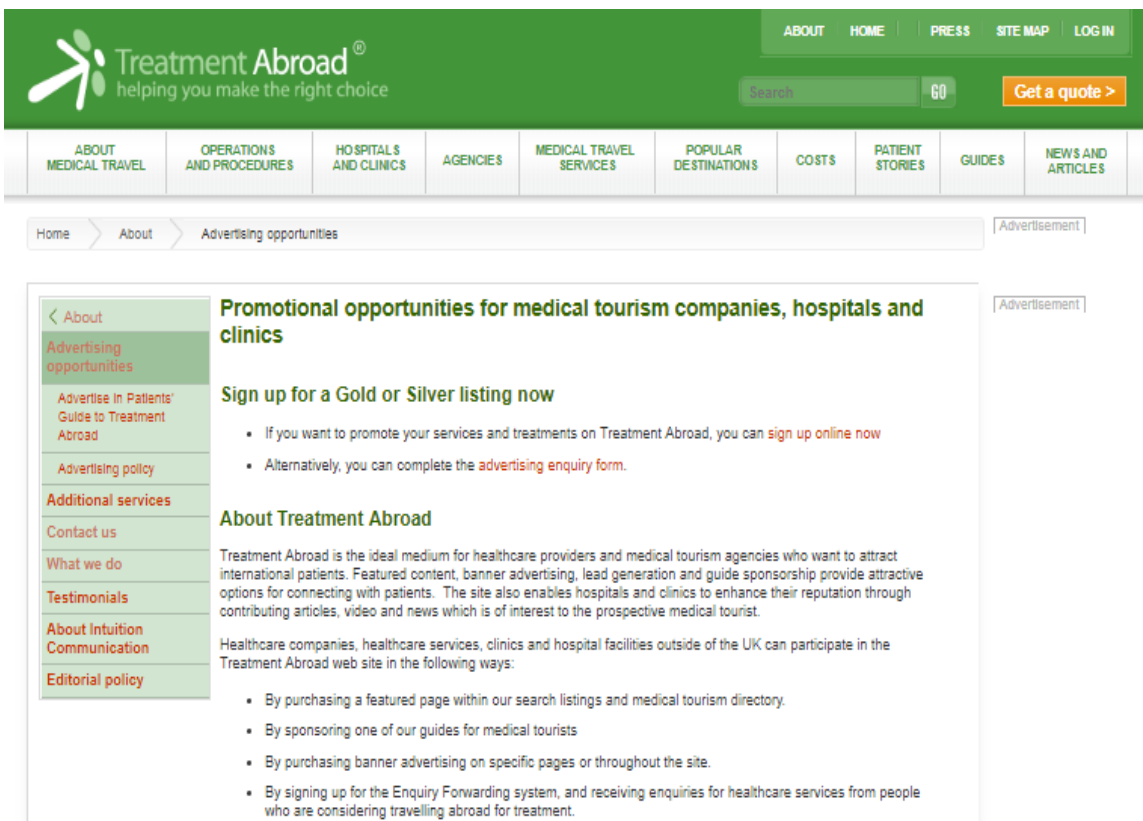
6. The Treatment Abroad medical tourism portal, <https://www.treatmentabroad.com>.

The aims are:

- a) Search of the right hospital, clinic and doctor abroad for patients

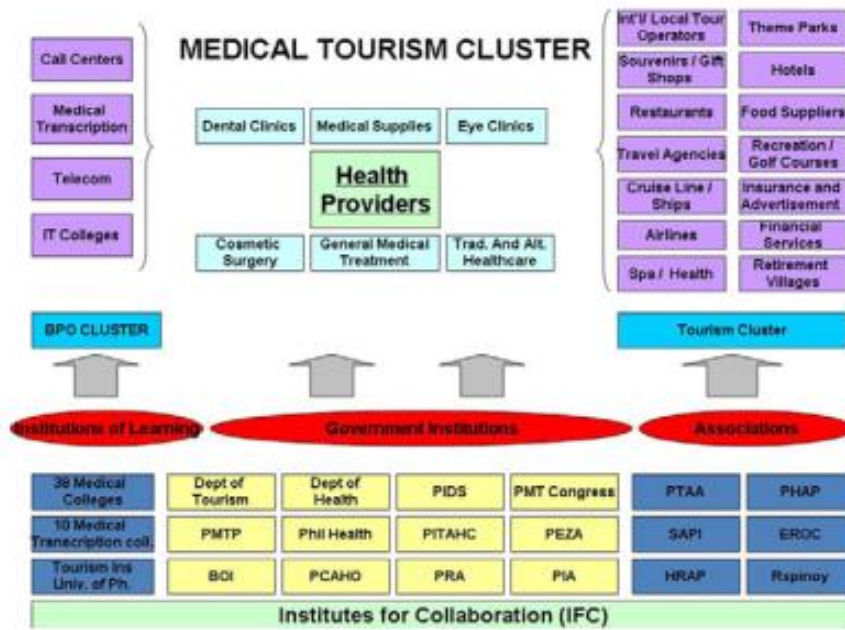


- b) Promotion for medical tourism companies and healthcare providers

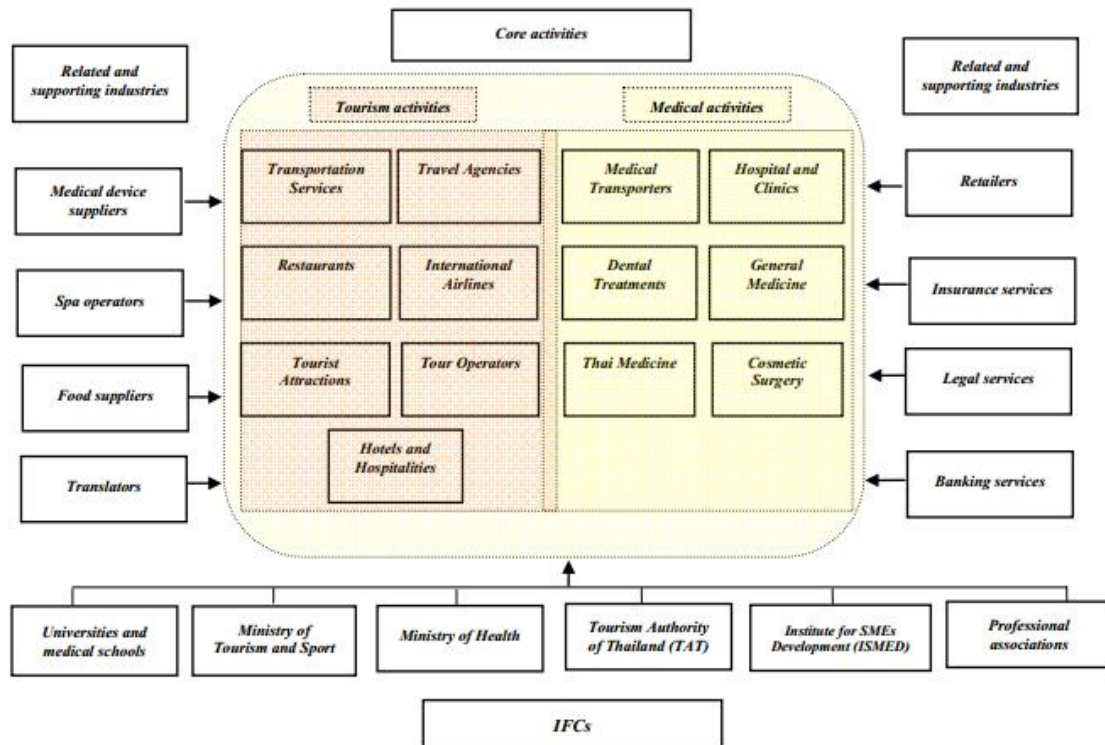


7. Examples of Medical tourism cluster map.

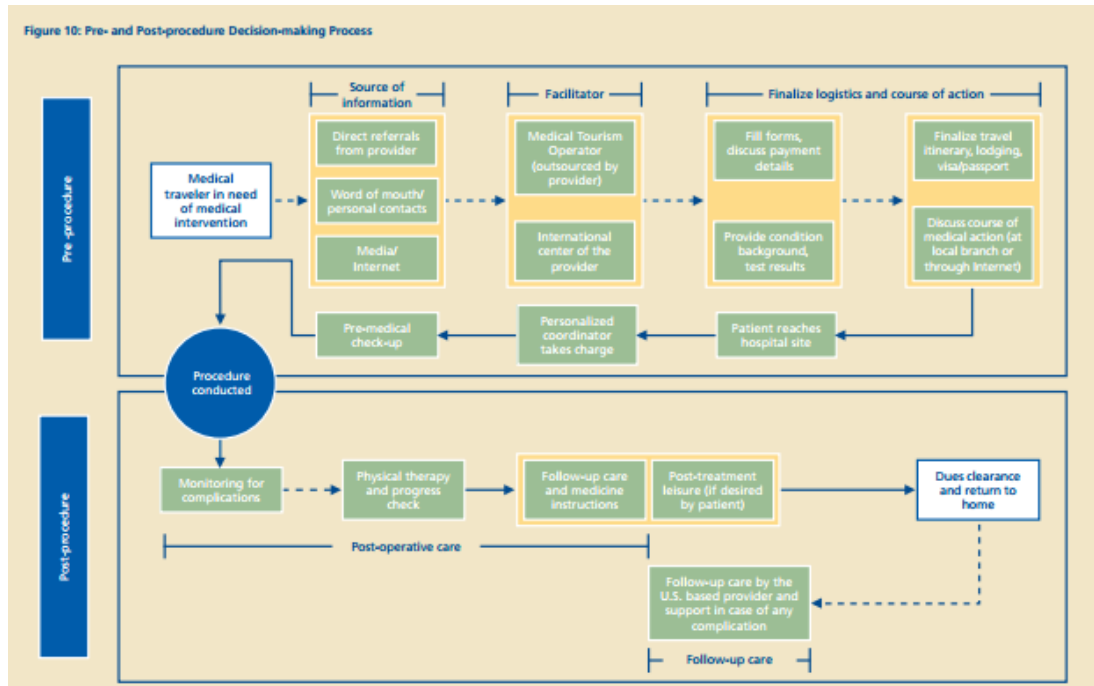
a) in the Philippines (Porter *et al.*, 2008)



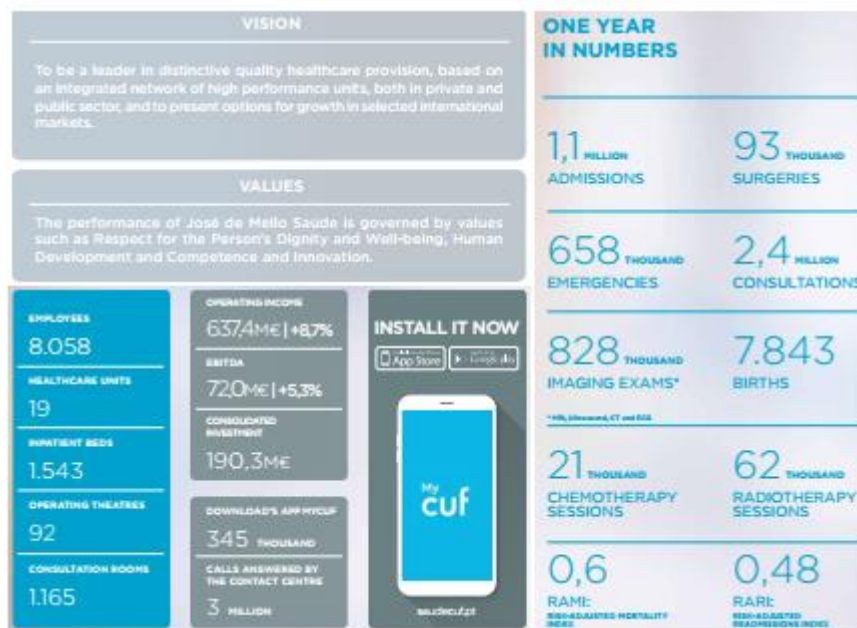
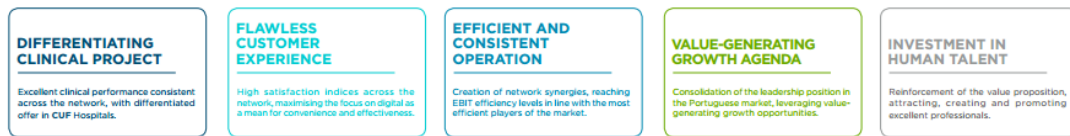
b) in Thailand (Alberti *et al.*, 2014)



8. **Pre- and Post-procedure Decision-making Process** according to Deloitte Center for Health Solutions, (Keckley & Underwood, 2008)



9. **José de Mello Saúde: strategic pillars and results** according to Integrated report 2017 (José de Mello Saúde, 2018)



10. Example of advertisement in Aeroflot Style magazine (EuroEyes, 2018):

for laser eye correction in EuroEyes clinics in Germany with the link of website in Russian, and the free phone number from Russia and email of the representative in Russia <https://www.aeroflot.ru/xx-ru/information/onboard/press>

EuroEyes

Лазерная коррекция зрения Сделано в Германии

0 dpt. -1,0 dpt. -3,0 dpt.

**Идеальное зрение
без очков!**

ПРОКОНСУЛЬТИРУЙТЕСЬ СО СПЕЦИАЛИСТОМ

Избавьтесь от очков при помощи нежной процедуры ReLEx Smile!

Д-р Иван С. Юргенов, основатель и медицинский директор группы клиник EuroEyes, рассказывает в интервью об особенностях коррекции зрения.

Клиника EuroEyes предлагает весь спектр современных методов лечения для исправления нарушений зрения. Близорукость и астигматизм могут быть навсегда исправлены. Современная лазерная технология ReLEx smile® позволяет мечту жить без очков и контактных линз. Д-р Иван С. Юргенов, руководитель и основатель группы клиник EuroEyes, отвечает в интервью на вопросы о коррекции нарушенного зрения.

Жизнь без очков для многих – это мечта. Д-р Юргенов, как вы используете мечту в реальность? Мои коллеги и я уже на протяжении более 25 лет успешно делаем лазерное лечение нарушенного зрения. Люди с различными зрительными дефектами приходят в нашу клинику, имея огромные желания навсегда избавиться от очков и контактных линз. Благодаря самой современной лазерной технологии ReLEx smile® сейчас получить лечение могут даже те пациенты, которые лазерную коррекцию были не рекомендованы традиционными способами.

Что именно отличает технологию ReLEx smile от других лазерных процедур? Новая процедура ReLEx smile – результат непрерывного совершенствования лазерных технологий, что делает сегодня возможным лазерное лечение у пациентов, которые еще не смогли на это решиться. Благодаря новейшей технологии «замочной овалочки» роговица остается стабильной. Риск инфицирования практически незначительный по сравнению с традиционными лазерными процедурами коррекции зрения. Даже пациенты с чувствительными и непереносимостью контактных линз могут жить без них после лечения.

Почему следует сделать выбор лечения в пользу ReLEx smile вместо фемто-ЛАСИК? Мы рассматриваем процедуру ReLEx smile как самый безопасный вид лазерной коррекции зрения, который когда-либо существовал. Эта процедура лечения – лазерная фемто-ЛАСИК. Ключевым преимуществом является то, что при этой процедуре возможна коррекция зрения без флюпа. Это делает процедуру ReLEx smile более щадящей, чем все другие виды лазерной коррекции зрения. На сегодняшний день клиника EuroEyes была выполнена более чем 500 000 операций по коррекции зрения. Лазерная коррекция зрения еще никогда не была настолько безопасной.

Кому подходит процедура ReLEx smile? Это лечение подходит пациентам с миопией до -10 диоптрий, а также с астигматизмом до 5 диоптрий. Процедура ReLEx smile может быть проведена даже при сухости глаз у пациента.

**КРОХОТНОЕ ОТВЕРСТИЕ ВМЕСТО ФЛЮПА:
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- идеально подходит пациентам с сухостью глаз
- наиболее щадящая процедура при минимальном вмешательстве: крохотное отверстие вместо флюпа
- значительно снижен риск позадиязной инфекции
- безболезненная амбулаторная процедура

ReLEx smile 2 мм крохотное отверстие

ЛАСИК 20 мм флюп

Контактные данные русскоговорящего представителя EuroEyes:
Тел.: 8 800 787 3831 (бесплатно для абонентов России) | Тел.: +4940 866 488 749 | Эл. почта: sales@euroeyes.com | www.euroeyes.ru

EuroEyes

О ВОЗМОЖНЫХ ПРОТИВОПОКАЗАНИЯХ