

Medical tourism: *Update and implications*



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Foreword



Medical tourism has transitioned from a cottage industry to an acceptable alternative for elective care that's safe and cost effective if coordinated by reputable health plans and providers.

Medical tourism represents an important option for patient populations who need care but lack adequate out-of-pocket funds to afford a procedure in the U.S., or those who seek lower prices for purposes of savings. These patients pursue medical tourism options systematically – through web searches, patient blogs and direct contact, and through their health plans and employers for assurance of safety. Increasingly, they work with U.S.-based referral physicians pre- and post-procedure to assure optimal outcomes and appropriate follow-up; the emergent technologies of distance medicine combined with insurance coverage for certain low-risk procedures provide a backdrop for healthy growth in this sector.

With health care costs increasing at six percent per year for the next decade, and medical tourism offering savings of up to 70 percent after travel expenses, we anticipate that the industry will recover from the current economic downturn and attain 35 percent annual growth in coming years.

The concept of “value” in health care is not new. Medical tourism represents another mechanism for value purchasers of health care services.

Respectfully,

A handwritten signature in blue ink that reads "Paul H. Keckley". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Paul H. Keckley, Ph.D.
Executive Director
Deloitte Center for Health Solutions

Introduction

Medical tourism is an opportunity for patients to travel for medical care and take advantage of reduced costs and wait times. The industry may be categorized into three groups:

- **Outbound:** U.S. patients traveling to other countries for medical care
- **Inbound:** Foreign patients traveling to the U.S. for medical care
- **Intrabound:** U.S. patients traveling domestically for medical care.

In the Deloitte Center for Health Solutions' 2008 report, *Medical Tourism: Consumers in Search of Value*,¹ we reviewed the medical tourism industry and projected patient flow rates and financial implications over the next 10 years. 750,000 Americans traveled abroad for medical care in 2007.^{2,3} Barring any tempering factors such as supply constraints, resistance from health plans, increased domestic competition, or governmental policies, we project that outbound medical tourism could reach upwards of 1.6 million patients by 2012, with sustainable annual growth of 35 percent. Concurrently, inbound medical tourism will see relatively slow growth to report up to 561,000 travelers by 2017.

The Deloitte Center for Health Solutions has continued to monitor the medical tourism industry. In the last year, many factors have influenced the growth and regulation of patients traveling for medical care. In this report, we will focus on the following:

- Medical tourism guidelines
- Role of health plans to incentivize medical travel
- States' initiatives to adopt legislation
- Growth of foreign medical sites
- Impact of the U.S. economic downturn.

¹ *Medical Tourism: Consumers in Search of Value*, Deloitte Center for Health Solutions, 2008. Available online at: <http://www.deloitte.com/dtt/article/0,1002,sid%253D127087%2526cid%253D217866,00.html>

² Baliga H. "Medical tourism is the new wave of outsourcing from India," *India Daily*, Dec 23, 2006. Available at: www.indiadaily.com/editorial/14858.asp

³ Horowitz MD and Rosensweig JA. "Medical Tourism - Health Care in the Global Economy," *The Physician Executive*, Nov/Dec 2007

Medical tourism guidelines

A number of organizations within the U.S. have developed protocols to assist patients who seek to access medical care abroad. However, thus far the medical tourism industry as a whole has remained mostly unstructured, with no meaningful legislation to govern the practices of participating organizations.

There has been much debate on how to regulate medical tourism but little action. Recently, the American Medical Association (AMA) established a set of nine guidelines that should be followed by employers, insurance companies and other entities that facilitate or incentivize medical care outside of the U.S. (Figure 1). Many are hopeful that these guidelines will provide direction for the industry as it continues to grow and develop.

Figure 1: American Medical Association Guidelines for Patients Traveling Overseas for Medical Care^{4,5}

- Medical care outside the U.S. should be voluntary.
- Financial incentives to go outside the U.S. for care should not inappropriately limit diagnostic and therapeutic alternatives, or restrict treatment or referral options.
- Financial incentives should be used only for care at institutions accredited by recognized international accrediting bodies.
- Local follow-up care should be coordinated and financing arranged to ensure continuity of care.
- Coverage for travel outside the U.S. for care must include the costs of follow-up care upon return.
- Patients should be informed of rights and legal recourse before traveling outside the U.S. for care.
- Patients should have access to physician licensing and outcomes data, as well as facility accreditation and outcomes data.
- Transfer of patient medical records should be consistent with HIPAA guidelines.
- Patients should be provided with information about the potential risks of combining surgical procedures with long flights and vacation activities.

⁴ *Medical care outside the United States*, AMA Council on Medical Service Report 1 (A-08). Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/372/a-08cms1.pdf>

⁵ Cafferini, K. "Guidelines target safety of medical tourists," *American Medical News*, July 7, 2008:51(25). Available at: <http://www.ama-assn.org/amednews/site/free/images/prhd0707.pdf>

Role of health plans to incentivize medical travel

While traveling abroad for medical care can be significantly less costly than care obtained in the U.S., most patients rely on their health plans to determine which treatment options are available. Several insurers have launched medical tourism pilot programs within their health benefits plans (Figure 2). Insurers are hopeful that medical tourism

will help to reduce treatment costs and improve margins, while employers are seeking reduced health care costs. It is yet to be determined whether these pilots will be adopted on a broad scale and whether employers or patients will receive the benefits of costs savings via reduced premiums, co-payments or deductibles.

Figure 2: Medical Tourism Pilot Programs within Health Benefits Plans

Insurer	State	Foreign Medical Site	Program Summary
Anthem Blue Cross and Blue Shield (WellPoint) ⁶	Wisconsin	Apollo Hospitals, India	<ul style="list-style-type: none"> Will send the employees of Serigraph, Inc., a corporate client of Anthem WellPoint, to Apollo Hospitals for certain elective procedures; the program will start with Delhi and Bangalore facilities and later expand to all JCI-accredited Apollo Hospitals Pilot project will cover about 700 group members All financial details, including travel and medical arrangements, will be managed by Anthem WellPoint
United Group Program ^{7,8}	Florida	Bummigrad, Thailand Apollo Hospitals, India	<ul style="list-style-type: none"> Actively promoting medical tourism to more than 200,000 individuals covered through self-funded health plans and fully-insured, mini-med plans
Blue Shield and Health Net ^{9,10}	California	Mexico	<ul style="list-style-type: none"> Covers about 20,000 patients Focused on employers that hire a large number of Mexican immigrants
Blue Cross Blue Shield ¹¹	South Carolina	Bummigrad, Thailand	<ul style="list-style-type: none"> Will cover patients' procedures organized through Companion Global if their plans cover travel Will also cover two follow-up visits with physicians at Doctors Care

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⁶ "Apollo signed an agreement with U.S.-based insurance company," IndiaPRWire, January 5, 2009. Available at: <http://www.indiaprwire.com/pdf/pressrelease/2009010517609.pdf>

⁷ Interview with Jonathan Edelheit – United Group Programs. Medical Tourism Blog. Aug 1, 2007. Available at: <http://blog.newmedicalhorizons.com/2007/08/interview-with-jonathan-edelheit-united.html>

⁸ Higgins, LA. "Medical Tourism Takes Off, But Not Without Debate," *Managed Care*, April 2007. Available at: <http://www.managedcaremag.com/archives/0704/0704.travel.html>

⁹ Black T. "Mexico gets medical tourists as Health Net sends U.S. Patients," Bloomberg, March 26, 2008. Available at: <http://www.bloomberg.com/apps/news?pid=20601080&sid=aFXAEi5eek5l&refer=asia>

¹⁰ "Some companies to market medical tourism services to U.S. employers," *Kaiser Daily Health Policy Report*, July 28, 2006. Available at: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=38803

¹¹ "BlueCross BlueShield of South Carolina launches subsidiary to facilitate medical tourism," *Medical News Today*, May 29, 2007. Available at: <http://www.medicalnewstoday.com/articles/72057.php>

States' initiatives to adopt legislation

Many of the major changes in U.S. health care that have been adopted over the last several decades have initiated at the state level. Today, several states have recognized the potential value of health insurers implementing options for

medical tourism. There have been two attempts thus far to enact legislation that would either require or incentivize insurers to incorporate medical tourism within their health benefits plans (Figure 3).

Figure 3: State Bills to Incentivize Medical Tourism

State	Bill	Summary	Result
West Virginia ¹²	HB 2841	<p>Bill introduced Feb 7, 2007</p> <p>Program to establish incentives for covered employees who elect to obtain medical care or medical procedures in foreign health care facilities accredited by the Joint Commission International (JCI)</p> <p>Incentives included:</p> <ul style="list-style-type: none"> • Waiver of all co-payments and deductibles payments • Payment of round-trip airfare for covered employee and one companion • Lodging expenses in the foreign country for the covered employee and companion • Payment to the covered employee's hiring agency for seven days of paid sick leave • Rebate to covered employee of not more than 20 percent of cost savings 	Bill died in committee ¹³
Colorado ¹⁴	07-1143	<p>Bill introduced in 2007</p> <p>Program to establish incentives for state employees covered under a state group benefit plan who elect to obtain medical care in a foreign health care facility where the cost of such care is lower</p>	Bill postponed indefinitely in the House Committee on Business Affairs and Labor

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Although neither of these proposed bills passed, they show that state legislators are paying more attention to the value of medical tourism. Both bills were very aggressive in terms of providing financial incentives for patients and employers,

and this may have been one reason why they did not pass. However, they established a baseline upon which future bills can be developed.

¹² http://www.legis.state.wv.us/Bill_Text_HTML/2007_SESSIONS/RS/BILLS/hb2841%20intr.htm

¹³ http://www.thedoctors.com/KnowledgeCenter/Publications/TheDoctorsAdvocate/CON_ID_001490

¹⁴ http://www.state.co.us/gov_dir/leg_dir/csstaff/2007/research/07LEGISInsurance.PDF

Growth of foreign medical sites

In our previous report,¹⁵ we stated that constraints in the supply of foreign medical centers could prevent growth in the medical tourism industry. Recent reports show that India's medical tourism sector is expected to grow 30 percent annually from 2009 to 2015.¹⁶ (It is estimated that over 180,000 patients visited India's medical centers during just the first eight months of the 2008 fiscal year.) India is preparing for this expected growth and thus far has not encountered any supply-side constraints.

While the number of foreign medical sites continues to increase, issues remain about how to best monitor quality. The Joint Commission International (JCI) is the health care industry's official accreditation institution. It has increased the number of approved foreign medical sites from 76 in 2005 to over 220 in 2008.¹⁷

Patients Beyond Borders,¹⁸ located in Chapel Hill, North Carolina, conducted a three-part assessment that identified 42 foreign medical sites which, it believes, provide value and quality for U.S. patients traveling abroad for care (Figure 4):

Figure 4: Foreign Medical Sites Identified by Patients Beyond Borders

Country	Medical institution
Mexico	<ul style="list-style-type: none"> • Christus Mugerza Alta Especialidad Hospital, Monterrey
Costa Rica	<ul style="list-style-type: none"> • Clinica Biblica Hospital, San Jose
Barbados	<ul style="list-style-type: none"> • Barbados Fertility Centre, Christ Church
Brazil	<ul style="list-style-type: none"> • Hospital do Coracao, Sao Paulo • Hospital Israelita Albert Einstein, Sao Paulo • Hospital Samaritano, Sao Paulo
India	<ul style="list-style-type: none"> • Asian Heart Institute, Bombay • Apollo Hospitals, Chennai • Indraprastha Apollo Hospital, Delhi • Shroff Eye Hospital and LASIK Center, Bombay • Wockhardt Hospital, Bangalore • Wockhardt Hospital, Bombay
Thailand	<ul style="list-style-type: none"> • Bangkok Hospital Medical Center, Bangkok • Bumrungrad International Hospital, Bangkok • Samitivej Sukhumvit Hospital, Bangkok
Philippines	<ul style="list-style-type: none"> • St. Luke's Medical Center, Quezon City

(continued)

¹⁵ *Medical Tourism: Consumers in Search of Value*, Deloitte Center for Health Solutions, 2008.

Available online at: <http://www.deloitte.com/dtt/article/0,1002,sid%253D127087%2526cid%253D217866,00.html>

¹⁶ "Indian medical tourism to touch Rs 9,500 cr by 2015," *The Economic Times*, Jan 6, 2009. Available online at: http://economictimes.indiatimes.com/News/News_By_Industry/Healthcare___Biotech/Healthcare/Indian_medical_tourism_to_touch_Rs_9500_cr_by_2015_Assocham/articleshow/3943608.cms

¹⁷ Galland Z. "Medical Tourism: The Insurance Debate," *BusinessWeek*, Nov 9, 2008. Available online at: http://www.businessweek.com/globalbiz/content/nov2008/gb2008119_571910.htm

¹⁸ <http://www.patientsbeyondborders.com>

Country	Medical institution
Singapore	<ul style="list-style-type: none"> • Alexandra Hospital • Changi General Hospital • Gleneagles Hospital and Medical Centre • Johns Hopkins Singapore International Medical Centre • KK Women's and Children's Hospital • Mount Elizabeth Hospital • National Cancer Centre Singapore • National University Hospital • Singapore General Hospital • Tan Tock Seng Hospital
Taiwan	<ul style="list-style-type: none"> • Min-Shen General Hospital, Taoyuan City • Taipei Medical University
South Korea	<ul style="list-style-type: none"> • Severance Hospital, Seoul
United Arab Emirates	<ul style="list-style-type: none"> • American Hospital, Dubai • Dubai Hospital • International Modern Hospital, Dubai • Tawam Hospital, Al Ain • Zulekha Hospital, Sharjah
Czech Republic	<ul style="list-style-type: none"> • Na Homolce Hospital, Prague
Turkey	<ul style="list-style-type: none"> • Acibadem Healthcare Group, Istanbul • Anadolu Medical Center, Kocaeli • Istanbul Memorial Hospital • Kent Hospital, Izmir • Gayrettepe Florence Nightingale Hospital, Istanbul
Jordan	<ul style="list-style-type: none"> • Jordan Hospital, Amman • King Hussein Cancer Center, Amman

Source: "Hospitals for Medical Travelers," *U.S. News & World Report*. Available at: http://www.usnews.com/usnews/multimedia_assets/080429/

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Impact of the U.S. economic downturn

The prolonged U.S. recession has had a significant impact on patients' ability to afford medical care¹⁹ and, by extension, their use of medical tourism. A 2008 study reported that 22 percent of adults reduced the number of times they visited their physician and 11 percent cut back on the number of prescription drugs they took.²⁰ A later poll found that up to 36 percent of respondents reported putting off needed medical care.²¹ The number of physician visits in the U.S. has declined from 2006 to 2008 by nearly 70,000 per month.²²

Increasing unemployment has likely contributed to the growing number of uninsured in the U.S. Concurrently, the cost of medical care has not declined in proportion to the decrease in consumers' incomes, savings and investments. Patients must either decrease the amount of care they receive or look for more cost-effective alternatives. In addition, transportation costs have risen significantly compared to a year ago; this may be contributing to the decline in U.S. patients traveling for care and the rate at which foreigners are traveling to the U.S. for medical services.

Since insurance coverage for medical tourism has not yet been widely adopted, the majority of outbound medical travelers pay out-of-pocket for their expenses. In addition, most medical tourism is limited to elective procedures, not acute illness that requires immediate attention. Therefore, the combination of the economic downturn and elective feature of outbound medical tourism substantially reduced its growth in 2008-2009. It will likely resume sustainable growth in 2010, fueled by increased consumer and employer awareness; increased coverage by health plans; increased acceptance by U.S. providers who participate in care coordination via remote technology; pent-up demand for elective procedures (especially outpatient dental and cosmetic procedures); and increased price and quality information by program operators in receiving countries. Note: Health care reform efforts in the near term will likely contribute to medical tourism's growth, though in the long run, it is difficult to assess given uncertainty about the public option, employer and individual mandates (Figure 5).

Figure 5: Recession-adjusted Projection of U.S. Outbound Medical Tourism

		Actual			Estimate			
		Year	2007	2008	2009	2010	2011	2012
Recession-adjusted Forecast	#Patients (000)		750	540	648	878	1,283	1,621
	Forward Growth Rate		-20%	-10%	+20%	+35%	+35%	+35%

Note: 2007 is actual experience as reported by:

[1] Baliga H. "Medical tourism is the new wave of outsourcing from India," *India Daily*, Dec 23, 2006. Available at: www.indiadaily.com/editorial/14858.asp

[2] Horowitz MD and Rosensweig JA. "Medical Tourism - Health Care in the Global Economy," *The Physician Executive*, Nov/Dec 2007. 2008 and beyond are projections by the Deloitte Center for Health Solutions, part of Deloitte LLP.

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¹⁹ Poor J. "Another recession indicator: NBC blames drop in medical services on economy," Dec 30, 2008. Available at: <http://www.businessandmedia.org/articles/2008/20081230102020.aspx>

²⁰ "Weakening U.S. economy takes toll on American health," National Association of Insurance Commissioners, Aug 12, 2008. Available at: http://www.naic.org/Releases/2008_docs/economy_health_toll.htm

²¹ Tanner L and Johnson L. "Patients skip medicine, doctor visits due to sick economy," *USA Today*, Oct 22, 2008. Available at: http://www.usatoday.com/news/health/2008-10-22-medical-financial_N.htm

²² Furhman V. "Consumers cut health spending, as economic downturn takes toll," *Wall Street Journal*, Sept 22, 2008. Available at: <http://online.wsj.com/article/SB122204987056661845.html>

Health care consumers' opinions of medical tourism

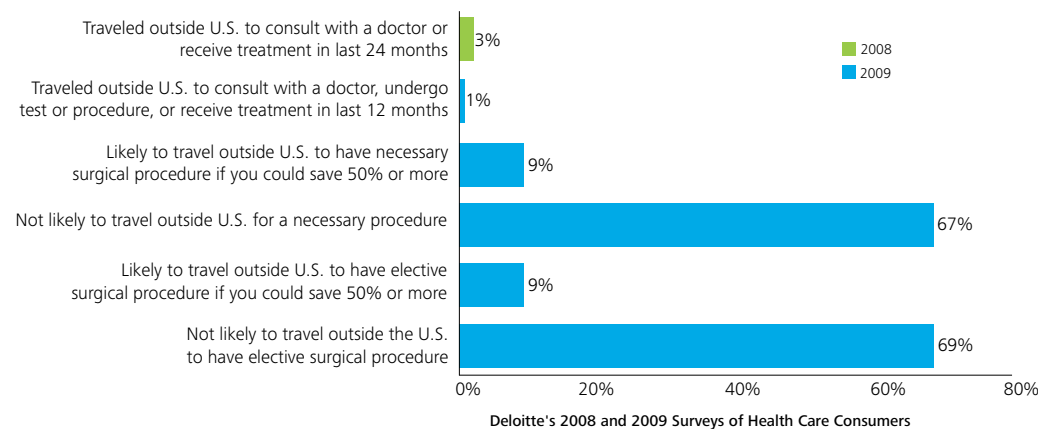
Deloitte's 2009 Survey of Health Care Consumers included specific questions about medical tourism, both domestic and international (Figure 6). Among the findings:

- Eight percent of 2009 respondents said they sought health care services outside their immediate community; over 40 percent said they would travel outside their immediate area for care if their physician recommended it or for a 50 percent cost savings; only 1 in 5 expressed concern about leaving the community based on a referral or potential to save costs.

- Fewer consumers reported going to a distant hospital in the past two years than in 2008 (the first year of the Deloitte survey); but only 1 in 5 said they wouldn't do so in the future.
- One percent reported using an offshore health care provider; 9 percent said they'd be likely to do so; 69 percent said they'd be unlikely to do so.

The Deloitte survey appears to indicate a more tepid demand for medical tourism than reported by other sources.²³ This could be due to current economic conditions or other, unspecified factors.

Figure 6: Percentage who traveled outside the U.S. for care and likelihood of doing so



Note: "Likely" = % who gave rating of 8,9, or 10 while
 "Not likely" = % who gave rating of 1,2, or 3 on a 10-point scale

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²³ Baliga H. "Medical tourism is the new wave of outsourcing from India," *India Daily*. Dec 23, 2006. Available at: www.indiadaily.com/editorial/14858.asp

Growth drivers

Several emerging U.S. health care industry trends could fuel the demand for medical tourism.

Increased demand for outpatient surgery

The number of outpatient surgical procedures performed in the United States has tripled from 1996 to 2006. In 2006 alone, almost 35 million patients had outpatient surgery.²⁴ This growth has been due, in part, to enhanced technology that allows many patients to go home just several hours after a procedure, rather than days later. The increase in patient demand for these surgeries has been accompanied by the growth of outpatient surgical centers and free-standing facilities. Since outpatient surgeries comprise almost 75 percent of medical tourism procedures and, for many of these, consumer out-of-pocket payments are high, the option of medical tourism will be attractive.

Increased sophistication of medical tourism operations

The medical tourism industry is evolving with increased attention to peri-operative care coordination, risk management, safety and outcome management, and transparency. As health insurers and employers consider adding medical tourism options to benefits programs, hosts of these programs will become more sophisticated.

Increased coverage/demand for dental surgery

As the population continues to age, the demand for dental surgery continues to grow. Also, greater focus on preventive services will likely increase the number of visits to the dentist each year. The American Dental Association expects a significant proportion of dentists to retire over the next 20 years;²⁵ medical tourism could help to ease this supply-demand mismatch.

Increased demand for cosmetic surgery

Despite the slowdown of the U.S. economy, the demand for cosmetic procedures, such as plastic surgery, has not decreased.²⁶ The American Society for Aesthetic Plastic Surgery estimates that Americans spent almost \$13.2 billion on cosmetic surgeries in 2007 alone. In the U.K., estimates project that the number of cosmetic procedures nearly doubled from 2005 to 2007.²⁷ The growing demand for these procedures could potentially be alleviated by medical tourism.

Increased globalization of the U.S. workforce

More than half of the U.S. workforce will be of second-third-generation foreign descent in the next 25 years. The coupling of planned visits “home” with elective surgical procedures will increase as insurance plans and employers pursue this workforce, and as these citizens/visitors express desire to return to their ancestral home for care by clinicians more culturally accepting of their preferences and values.

Increased access to low-cost global transportation

Low-cost air carriers and special off-peak pricing by major air carriers will enhance access to medical tourism opportunities for U.S. outbound patients.

²⁴ “Outpatient surgeries triple since ‘96,” *Boston Globe*.

Available at: http://www.boston.com/news/nation/articles/2009/01/29/outpatient_surgeries_triple_since_96/

²⁵ <http://www.ada.org/public/careers/beadentist/index.asp>

²⁶ <http://loudounextra.washingtonpost.com/blogs/living-loco/2008/may/29/pondering-plastic-surgery/#>

²⁷ <http://news.bbc.co.uk/1/hi/health/7151326.stm>

Increased acceptance by employers and health plans targeting commercial populations

U.S. health insurance companies are likely to face increased regulation as a result of health care reform. Also, margins are expected to be lower. Anticipated near-term enrollment gains will be achieved through product differentiation, cost savings and acquisitions of smaller health plans. An important driver of medical tourism growth will be the level of support it receives from health plans and employers. It is likely to be a more visible feature of benefits programs offered to enrollees through employer-sponsored plans and commercial insurance offerings.

U.S. health system reform

The likelihood that a health care reform bill will pass in 2009 is high; however, the specific implications for employer benefits and health insurance programs are uncertain. At this stage, health care reform will likely propel growth in the elective outpatient market, particularly if flex account expenditures are limited to \$2,000 or less, and elective cosmetic and dental procedures are not considered "basic benefits." Therefore, continued growth is likely in the non-elderly medical tourism market that is relatively unaffected by health care reform.

Government support

Some countries and localities view inbound medical tourism from the West as a solid opportunity for economic development and use tax policies to encourage the development of major medical tourism destinations. South Korea, Dubai and others have recently announced major efforts; some Caribbean islands have stepped-up offerings, including establishing official offices of medical tourism. Governments are positioning themselves to play an increasingly important role in the growth of medical tourism.



Summary

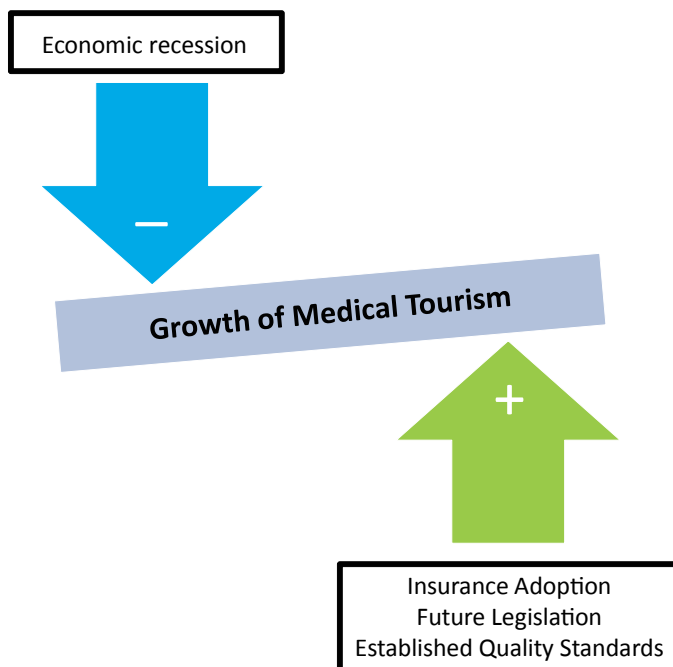
Medical tourism represents the maturation of a cottage industry with a likely growth trajectory in excess of 35 percent annually. It will no doubt experience “growing pains” as business models emerge, quality is better defined and the value proposition to customers improves.

Medical tourism is not without challenges; the industry is still young. The guidelines released by the AMA have helped to provide structure to an industry that has been mostly unregulated. State legislatures and health insurance companies have launched initiatives to explore the potential benefits of incorporating medical tourism into health plans. While bills have failed to pass in West Virginia and Colorado, there is now a precedent for future propositions at the state level. In addition, pilot programs by health insurers will provide insight into medical tourism’s ability to reduce costs by sending beneficiaries abroad for medical care (Figure 7).

Its biggest hurdle will be quality of care. While AMA guidelines have established a foundation, additional steps will be needed to set appropriate quality standards that extend from pre-operative care to post-discharge and follow-up. Accreditation and oversight by neutral overseers – JCI, Patients Beyond Borders and others – will be important.

Though the economic downturn prompted a temporary slowdown in medical tourism growth, as consumers elected to delay non-urgent medical procedures, its recovery is likely as is the substantial role it will play as a technology-enabled innovation with a strong value proposition for targeted patient populations.

Figure 7: Factors Impacting the Future Growth of Medical Tourism



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