Medical Tourism

Dissertation:

Exploring and exploiting medical tourism opportunities in Greece

Supervisor: Theofanides Faidon
Student: Papanikolaou Vasiliki

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“To be or not to be isn't the question. The question is how to prolong being”

Tom Robbins
ABSTRACT

During the last decade medical tourism has become a new trend in the healthcare industry, which is continually gaining popularity among highly industrialized countries. Conversely Greece, although it possesses a great number of advantages with regard to medical tourism, such as international airports and seaports, many private medical clinics, a great number of qualified doctors in every specialty and plethora of historical and touristic attractions, has an insignificant market share and limited available services.

The aims of the present study are (1) to explore/examine the current Greek private organizations that offer medical tourism services and (2) assess the potentiality of growth of the Greek medical tourism sector.

In Chapter 1 an introduction in the research topic is made by defining the medical tourism and the needs that it satisfies. Furthermore, some basic concepts are defined for the better understanding of the study. A lot of emphasis is also put on the importance of the research for the scientific, medical community and the business environment. Finally, the applied methodology and the limitations that arose during the research are described.

In Chapter 2, we analyzed the basic marketing concepts and the contribution of marketing into health services. We also made a brief reference, concerning the health services and their diversifications, as well as a description of health services provided in Greece. At the end of the chapter we present specific studies regarding medical tourism.

In this context (Chapter 3), data collected using a mail questionnaire, which was answered by the marketing/public relations managers of 10 medical tourism
providers operating all over Greece. The data collected concern: number – type and origin of medical travelers, size and infrastructure of clinics, types and quality/standardization of medical services, middlemen of medical tourism, pricing of services, advertising and promotional media/techniques, state support, impact of the locality/position of the clinic etc.

Depending on the empirical results of the research, we present (Chapter 4) the conclusions regarding the present situation of the Greek medical tourism sector and we offer best business-medical practice models and proposals for public policy making, taking advantage the plethora medical tourism opportunities in Greece.
CHAPTER 1:

INTRODUCTION
1. INTRODUCTION

1.1 Introduction to the research topic

According to Medical Tourism Association, “medical tourism refers to people who live in one country and travel to another country in order to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care” (Medical Tourism Association, 2011). Medical tourism started from the need of patients for a more financially acceptable medical care with the same quality and in order to avoid long waiting lists. Medical tourism is the new growing market trend in the beginning of the 21st century, which is continually gaining popularity among highly industrialized countries. Although the idea of medical tourism is not considered something new as well as the first recorded case of medical tourism dates back thousands of years, none the less, nowadays has become more urgent need, especially by residents of the United States of America. Healthcare is becoming increasingly expensive in USA especially compared with other states and at the same time a large portion of the population lacks even the most based healthcare coverage. These facts urge a growing number of patients to seek treatment outside the USA, in other countries with much lower costs. As stated by Deloitte (2008) statistics, it can be achieved as much as 90% reduction in medical costs by travelling abroad.

According to Deloitte (2008) approximately 5 million patients mainly from U.S will travel abroad during 2011 for health services equally qualitative, but more affordable services mainly in dental, cosmetic, orthopedic and cardiovascular categories. The market's value is estimated over 10 billion dollars with a yearly growth rate of 20%. The most popular destinations for patients are Brazil, India, Costa Rica, Singapore, Hungary, Thailand and Malaysia, representing more than 50% of the global market (Deloitte, 2008).

Williams, D. and Seus, J. (2007) stated that medical tourism is not a panacea. In fact there is no guarantee that it will become a central part of health care reform in the way that outsourcing has become a way of life in other industries. The industry is still in a very early stage – and significant changes will transpire over the next few years. Matoo, A. and Rathindran, R (2005), indicated consumers certainly value both
proximity and quality but that has not prevented them from traveling abroad for a range of treatments, such as cosmetic surgeries, rehabilitative care, alternative medicine, and in some cases, even eye and cardiac surgery.

In the past, those that traveled internationally for healthcare were typically interested in treatments that were either unavailable in their home country or were not covered by health insurance (including many cosmetic and dental surgeries). However, due to increased out of pocket healthcare expenses in America, along with long waiting lists in single-payer countries like the U.K. and New Zealand, many westerners are now traveling to developing countries like India, Thailand, and the Philippines for procedures like heart surgery, knee replacements, and hip resurfacing.

According to Deloitte (2008:3) “the industry of medical tourism may be categorized into three groups:

- **Outbound:** patients travelling to other countries for medical care.
- **Inbound:** patients travelling into the same country, but in different regions for medical care.
- **Intrabound:** patients travelling from other countries for medical care”.

The vast majority of medical tourists are from USA, mainly because of excessive prices of USA healthcare providers and the absence of health insurance. The prediction of Deloitte (2008) statistics for 2012 was that approximately 8 million U.S patients will travel in order to have health care to another country, which means that the predictions for the future are far more encouraging for medical tourism.

The aims of the present study are (1) to explore/examine the current Greek private organizations that offer medical tourism services and (2) assess the potentiality of growth of the Greek medical tourism sector. In this context, data collected using a mail questionnaire, which was answered by the marketing/public relations managers of 10 medical tourism providers operating all over Greece. The data collected concern: number – type and origin of medical travelers, size and infrastructure of clinics, types and quality/standardization of medical services, middlemen of medical tourism, pricing of services, advertising and promotional media/techniques, state support, impact of the locality/position of the clinic etc.

Depending on the empirical results of the research, we present the conclusions regarding the present situation of the Greek medical tourism sector and
we offer best business-medical practice models and proposals for public policy making, taking advantage of the plethora medical tourism opportunities in Greece.

1.2 Definitions of basic concepts

To enhance the understanding of the study, we present the definitions of basic terminology below.

A. Medical tourism:

As Jagyasi P. (2008) for the medical tourism journal describes, when a person travels across the border and outside their usual environment, to seek medical services, the travel portion of the trip travel is called “medical travel”, and upon arrival, such person is called “medical tourist”, and such activities, which includes utilization of medical services by the medical tourist, be it direct or indirect - hospitality, cultural exposure or site-seeing, is called “Medical Tourism”.

Hence, Medical Tourism could be defined as “The Medical Tourism is the set of activities in which a person travels often long distance or across the border, to avail medical services with direct or indirect engagement in leisure, business or other purposes.”

B. Joint commission international:

According to Joint Commission International Accreditation & Certification, Joint Commission International (JCI) accreditation and certification is the proven process that a health organization needs to help ensure a safe environment for the patients, staff and visitors. This voluntary process shows the organization’s commitment to continuously improving patient safety.

It is dedicated to helping international health care organizations, public health agencies, and ministries of health evaluate, improve and demonstrate the quality of patient care while accommodating any specific legal, religious and cultural factors within a country.

C. ISO:

International Organization for Standardization is the world’s largest developer and publisher of International Standards. ISO is a non-governmental organization that
forms a bridge between the public and private sectors. On the other hand, many of its member institutes are part of the governmental structure of their countries or are mandated by their government.

D. **Mediators:**

Mediators in medical tourism help patients to choose a destination for the desired treatment. Some mediators have deals with certain service providers and send their clients exclusively to them, while others create a wider network of providers and destinations in order to satisfy needs of different service users.

E. **Travel agents:**

Travel agencies in medical tourism promote medical tourism emphasizing on all other tourist values of foreign destinations. Minor medical services are often offered to the users of standard package holidays, whereas the difference in the cost of medical services between the tourist's country of origin and the country which provides the service represents a significant saving often surpassing the cost of the tourist arrangement itself. However, when it comes to serious health problems, the attractiveness of destinations is a side factor.

F. **IVF:**

In Vitro Fertilization is one of several types of Assisted Reproductive Technology that is commonly used to help couples who are experiencing difficulty in conceiving a child, or in carrying the child through a full term pregnancy.

G. **Dialysis:**

Dialysis is the process of removing waste and excess water from the blood, and is used primarily to provide an artificial replacement for lost kidney function in people with renal failure.

1.3 The importance of the research for the scientific community, the medical community and the business environment

The potential opportunities from medical tourism can be distinguished into three different groups:
From the bibliographic and academic research, it was found that from the few papers published about medical tourism, most of them focused in theoretical approach of medical tourism its prospects and benefits, but actual research of the companies that are actually involved in medical tourism is basically non-existent. Being a niche market there is still area to be explored. In fact mainly two official researches have been done, which are not academic in their focus and based only on US medical tourists showing the great figures of medical tourism. According to Helble M. from the World Health Organization, the absence of an international common methodology for data collection regarding to medical tourists, is one of the main reasons that there are only a few statistical research on medical tourists which are often not comparable across countries. “The methods applied by countries vary substantially. For example, some countries count foreign patients’ visits to hospitals whereas others count the entry of individual patients into the country. Other countries record the nationality of the patients but not their place of residence, which can be problematic in the case that migrants return to their home country for treatment but are not recorded as medical travelers. In addition, countries often collect statistics solely on the number of visits of foreign patients, but not on the type of treatment, the source of financing or the outcome of the treatment” (Helble M. 2010:1). Many times, this data is considered confidential and for this reason can be given.

Concerning to medical community, the patients are greatly been benefited by medical tourism. First of all, as the life expectancy is increasing, the demand for health services will become greater. For the vast majority of population, the private sector of healthcare is too expensive and unaffordable. As a result, they end up in the public sector where, they meet long waiting lists. It is reasonable for many patients to search for alternative ways of satisfying their healthcare demands. Medical tourism is the most appropriate way to improve the quality of their lives. Simultaneously, it seems that medical tourism experience will be an attractive and interesting way for patients to combine health care and a leisure trip. This combination can also have positive effects on the patients’ psychology, due to the fact that they will avoid the ordinary and often unattractive image of a patient who is deprived of any healthcare insurance. The absence of any private insurance can be either due to cost-
related reasons or of the poorly organized public healthcare insurance system. Therefore, this is another group that will be benefited by medical tourism.

The last group that can be benefited by medical tourism is all the related business industries. As we have already seen, medical tourism involves a great variety of companies from hospitals and clinics to hotels and travel agents. Consequently, medical tourism should rely upon an organized and developed infrastructure. As for the health industry, the emergence of health tourism opens up the opportunity for hospitals to expand their reputation to other countries and by this way take advantage of a market with higher profit margins. By this way, they will establish productive alliances, boost country’s economy either through unemployment rates reductions or by investment on a productive sector. Since medical tourism involves also a form of travel to a foreign country, there will be demand for accommodation either in the hospital or in a hotel. The tourism industry can include the hotel accommodation for the patients and their escorts, travel agents who will undertake the sightseeing tour and the general entertainment of the visitors, the provision of travel by the airlines and even the taxis for local travel. Therefore, it can be accepted that the existence of medical tourism preconditions or creates the appropriate conditions for a whole industry that can become profitable and competitive.

1.4 Methodology

This work was conducted under the marketing research methodology procedure and complied with all rules that govern it. The research focuses exclusively on Greek private clinics, IVF centers and plastic surgery centers that are involved in medical tourism. The first step was identifying these companies. Due to the lack of a complete database concerning medical tourism providers from official sources such as the Ministry of Health and Social Solidarity, the Ministry of Tourism and Culture, Medical Associations and Chambers of Commerce, it was an imperative to combine available official lists and search Greek web medical directories, which provide contact details of private clinics, IVF centers and plastic surgery centers (non probability sampling). The second step was to verify that these companies engaged in medical tourism by telephoning them and asking them to participate in the research by
The following data analysis process was performed:

- Data analysis by univariate approach: descriptive statistics were calculated for all variables.
- Case studies: collection and presentation of detailed information about clinics involved with medical tourism based on their answers to the questionnaire. Case study is a form of qualitative descriptive research and its aim is to draw conclusions only about the specific participants to the research and only in that specific context.

1.5 Research Limitations

Some of the problems that occurred during the research and data collection are the following:

- Ignorance: the vast majority of correspondents didn’t know the meaning of medical tourism, so we had to explain to them about it. Other confused the concept of medical tourism, by providing medical services to tourists who visited our country and had some health problems during their vacations.

- Reluctance to answer: in any marketing research, a proportion of respondents would refuse or show reluctance to answer or complete a questionnaire. Accordingly, in this research, some respondents refused to acknowledge if they were involved in medical tourism at all, others didn’t want to participate and finally many questions concerning the financial data, customer numbers or other relevant sensitive data of the companies that answered were left blank.

Even completed questionnaires depend on various external or situational factors that affect the quality of responses either before its distribution or during the process of its completion. These include:

- Limited time: in some cases the correspondent couldn’t answer due to high workload or absence of someone with authority to answer.
- Priority to more urgent activities or emergencies that arose during the completion of the questionnaire.
• Suspicion of the real purposes of research or the intentions of the researcher: this is a major problem and resulted in concealing financial data or not participating at all.

• Suspicion about the identity of the researcher: some of the respondents probably felt unsafe to send important data through internet or fax.

• Technical problems, for example sending a questionnaire by fax in a company where its fax was out of order and as a result getting the questionnaire too late.
CHAPTER 2:
THEORETICAL ANALYSIS
2. THEORETICAL ANALYSIS

2.1 General Marketing

2.1.1 Marketing concepts

“Marketing is the process through which the marketer understands consumer needs, trying to maximize customer’s value by designing products and services adjusted to these needs, distributes and promotes them by the most effective way” (Kotler P. et al 2009:23). As we can perceive, marketing is beyond advertising and selling, but is the means by which companies generate the strategy in order to build strong relationships between customers and capture value from them in return.

Above we introduced the notion of the marketing concept, namely that companies achieve their profits and other objectives by satisfying customers. This is the traditional idea underlying marketing. Nevertheless, it omits a crucial factor of commercial life, which is the competition. Although the traditional idea of marketing is necessary to the company, however, alone is not sufficient for corporate achievements. To achieve success companies must go further than mere customer satisfaction; they must do it better than the competition. “So the modern marketing can be expressed as: The achievement of corporate goals through meeting and exceeding customer needs better than the competition” (Jobber D. 1998:4).

In order to this concept being applied, three conditions should be met. The first one, which is not as easy as it seems, is that companies should try to focus on customers’ needs and provide them with satisfaction. “Secondly, the achievement of customer satisfaction relies on integrated effort. The responsibility for the implementation of the concept lies not just within the marketing department. The belief that customer needs are central to the operation of a company should run right through production, finance, research and development, engineering and other departments. The role of the marketing department is to play “product champion” for the concept and to coordinate activities. But the concept is a business philosophy not a departmental duty” (Jobber D. 1998:4). Last but not least in order this integrated effort carried out with success must be common belief to the corporate management that goals can be achieved only by creating satisfied customers.
As is shown in the diagram above, in order for an enterprise to maximize its profits, it must use marketing in a certain way to become competitive in its particular market. How this is done is very complicated, as it is not possible for the marketing department alone to accomplish it but it is necessary for the whole organization to mobilize towards this goal so that the consumer needs are satisfied and business goals to be accomplished.

### 2.1.2 The Evolution of Marketing

The following table describes how a company improves its strategies depending on the developments of the era and the changing needs of the customers over time.

Table 2.1: Evolution of marketing

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Profit driver</th>
<th>Western European timeframe</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRODUCTION</td>
<td>Production methods</td>
<td>until the 1950s</td>
<td>A firm focuses on increasing the production, by producing as much as possible of a given product or service. In this way the companies take advantage of the economies of scale, decreasing the cost as the quantity of a product or service increases</td>
</tr>
</tbody>
</table>
### PRODUCT
<table>
<thead>
<tr>
<th>Quality of the product</th>
<th>until the 1960s</th>
</tr>
</thead>
</table>

The company aims to focus on the product by improving its quality features. Here the emphasis is on product or service quality rather than quantity. If therefore the products are of high standards, the demand for them will be equally high.

### SELLING
<table>
<thead>
<tr>
<th>Selling methods</th>
<th>1950s and 1960s</th>
</tr>
</thead>
</table>

When a firm has sales orientation focuses primarily on selling the products that it makes rather than trying to produce new. Consequently, the firm promotes the existent product. It does not try to find other customers’ needs in order to satisfy. The firm’s purpose here is to sell more products to more consumers in order to earn more money and increase its profit. This means that the company uses promotion techniques, so as to achieve as much sales as possible.

Selling concept presents risks for the firm, especially when consumer needs change and the products are insufficient to meet them.

### MARKETING
<table>
<thead>
<tr>
<th>Needs and wants of customers</th>
<th>1970 to present day</th>
</tr>
</thead>
</table>

Marketing orientation is the most common orientation used in contemporary marketing. Marketing is the combination of some important for the company factors that if designed effectively, the company can prosper. Furthermore, marketing concept holds that the main way in order for an organization to achieve its goals should be more effective than competitors in focusing on customers’ needs and trying to maximize their value by designing the appropriate products or services.


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### 2.1.3 From marketing to the holistic marketing concept

“Marketing-orientated companies attempt to create customer value in order to attract and retain customers. Their aim is to deliver superior value to their target customers. In doing so, they implement the marketing concept by meeting and exceeding customer needs better than the competition. For example McDonald’s global success has been based on creating added value for its customer, which is based not only on the food products it sells but on the complete delivery system that goes to make-up a fast-food restaurant. It sets high standards in what is called QSCV-Quality, Service, Cleanliness and Value-. Customers can be sure that the same high
standards will be found in all of McDonald’s outlets around the world” (Jobber D., 1998:11). This example shows that customer value can be derived from many aspects of what the company delivers to its customers and not just the basic product. A reasonable question is how to achieve marketing orientation.

As we saw on the table above (figure 1.2), in place of product-oriented marketing philosophy, business gradually shifted to customer-centered marketing philosophy and instead of ‘hunting’ marketing prevails ‘gardening’ marketing. This means that the company does not try to find the right customers for the products that produces, but the right products for its customers. “The marketing concept holds that the key to achieving organizational goals consists of the company being more effective than competitors in creating, delivering and communicating superior customer value to its chosen target markets” (Kotler P. and Keller K., 2006:17).

However, a set of rapid changes that happened the last decade led to the need of a new marketing and business practices. Companies seem to need a fresh thinking about how to operate and compete in a new marketing environment. “In the 21st century, marketers recognize the need to have a more effective approach that goes beyond traditional applications of the marketing concept. The holistic marketing is an approach to marketing that attempts to recognize and reconcile the scope and complexities of marketing activities. The specific concept of marketing is based on the development, design and implementation of marketing programs, processes and activities that recognizes their breadth and interdependencies. Essentially, this approach tries to show that marketing is the component of many factors interior and exterior the company as well as the interrelation between them” (Kotler P. and Keller K., 2006:17). This can be best seen in the diagram follows.
2.1.4 Developing an effective marketing mix

“Neil Borden, first introduced the concept of the marketing mix in his American Marketing Association presidential address, as the combination of marketing ingredients, techniques and policies adopting by a marketing manager in designing a marketing plan. Since then, the marketing mix is gaining ground among many companies which tend to adopt it. Nowadays, it is recognized that is not only enough just simply apply the marketing mix, but it also needs to be adjusted whenever changes in consumer demands require them” (Banting M.et al, 2010:1).

Each company having focused on the customers’ needs develops the appropriate marketing mix. The marketing mix consists of four major elements: product, price, promotion and place. “These 4Ps are the four key decision areas that marketers must manage so that they satisfy or exceed customer needs better than the competition” (Jobber D. 1998:13).
2.2 Health Marketing

2.2.1 The contribution of marketing into health services

“The healthcare industry has witnessed a continuous, if unsteady, advance in the role and status of marketing over the past quarter century. During the period following World War II the concept of marketing was unknown in healthcare. The public relations role was expanded over time, and communications and government-relations functions were added. By the late 1970s formal marketing activities were being initiated, and advertising on the part of healthcare providers was becoming common. Even during the 1980s, however, marketing was still seen by many as an external function, not something inherent to healthcare but a supportive service that was called on when needed. By the end of the 1980s marketing was being incorporated into the structure of healthcare organizations. Marketing departments were being established and marketing expenses factored into organizational budgets. Marketers were being promoted to managers, directors, and ultimately vice presidents. Marketing was moving from the periphery of the organization to the boardroom. Marketers were transformed from technical resources called on as needed to full partners in the corporate decision-making process. The most progressive healthcare organizations developed a marketing mindset that ensured that marketing was a consideration with every initiative and that marketers had input into the direction of the enterprise” (Thomas R., 2005:13-14).

Marketing, as we have already examined, represents the external link between the organization and its clients, whether there are groups of people or organizations. “The process of marketing takes various steps beginning with market analysis of its needs and details, designing services or products to fulfill these specific needs, market integration and finally constant monitoring of the product or service how they operate if they require improvement and how they satisfy the short and long terms of the organization. Health services marketing in particular must before all understand the way the client itself perceives his needs then to focus on the best way to design specific services and finally in applying the more applicable communication methods in order to inform or induce the client of its needs” (Apostolidis P., et al., 1988:571).
Below is a model for health services marketing design.

We can see from the figure above that the health marketing designing procedure is quite complicated because before any organization can actually design a product or service that would successfully target the specific market must follow very essential steps. First, must communicate with stakeholders, should collect and assess all the appropriate information given, insure with best possible way that it is focused on the real needs and desires of the client or market and then set goals for the health outcomes. It is essential to realize that if the initial research is ill focused or conducted
will eventually lead to wrong data that will also lead to bad services and loss of time, resources and even brand name.

Subsequently, organization proceeds to the designing and of their intervention. Taking into account the consumer needs, plans the position and brand intervention and then pretest the intervention. Finally, the organization monitors and adjusts the program and strategies regarding the existent health needs and then evaluates the process and the outcome of the program to prevent same mistakes in the future and improve from the experience gained through this successful procedure.

### 2.2.2 Health Marketing Mix

Marketing mix is the set of controllable variables that an organization uses to influence the target market. The four Ps have long been the basis for marketing strategy in most industries and are increasingly being considered by healthcare organizations. Below follows the implementation of 4 Ps to health services.

**Product:** the product decision involves deciding what goods or services should be offered to a group of customers. “An important element is new product development. As technology and tastes change, products become out-of-date and inferior to competition so companies must replace them with features that customers’ value. Product decisions also involve choices regarding brand names, warranties, packaging and the services which should accompany the product offering” (Jobber D., 1998:14). The decision of designing the product or service is crucial due to the fact that it gives the opportunity to the company to keep a step ahead of its competitors. It is worth mentioning that before designing the product, the company should take into consideration the future needs of customers by formulating the market and being pioneer. In the health industry, the product represents goods, services, or ideas offered by a healthcare organization. The product is difficult to precisely be defined in healthcare, creating a challenge for healthcare marketers. While, on the other hand, it is more difficult to quantify services and consumers evaluate them differently from more tangible products. Health services have changed and nowadays it is not necessarily the client himself who seeks medical treatment but it can be the other way
round. However it is the specific nature of the “product” of healthcare that needs to be further explained and looked into.

**Price:** “price in general is a key element of the marketing mix because it represents a basis what the company receives for the product or service which is being marketed. All the other elements represent costs, for example, expenditure on product design (product), advertising and salespeople (promotion), transportation and distribution (place). Marketers, therefore, need to be very clear about pricing objectives, methods and the factors which influence price setting. They also must take into account the necessity to discount and give allowances in some transactions. These requirements can influence the level of list price chosen, perhaps with an element of negotiation margin built in (Jobber D., 1998:14)”. Price in the health services sector means that a healthcare provider offers a service in exchange for its customers’ money. For example, an employee paying an annual premium to a health plan, an insurance company reimbursing a physician’s fee and a consumer purchasing over-the-counter drugs are all exchanges involving a specified price. In past pricing wasn’t essential in the choosing of health service segment. Cost effectiveness was negligible compared to the desired result. Nowadays this has slightly changed but the introduction of private insurance companies and the larger market share of private hospitals and clinics has created a more competitive environment. Besides public hospitals are unable to cope with the larger number of medical cases and needs, while furthermore private hospitals offer diversified health packages depending on the patient financial background. Due to the fact that the healthcare environment changes, the pricing for health services is becoming a growing concern for marketers whose challenge is in developing an understanding of what a customer is willing to exchange for some satisfying good or service and a pricing approach compatible with the goals of the organization and its cost constraints.

**Promotion:** “decisions have to be made with respect to the promotional mix: advertising, personal selling, sales promotions and public relations. By these means the target audience is made aware of the existence of a product or service and the benefits (both economical and psychological) that it confers on customers (Jobber D., 1998:14)”. Regarding to health services, promotion represents any way of informing the market that the organization has developed a response to meet its needs and includes the mechanisms available for facilitating the hoped-for exchange. The
promotional mix refers to the various communication techniques such as advertising, personal selling, sales promotion, and public relations or product publicity available to the marketer to achieve specific goals. Nowadays marketing has moved from “mouth to mouth” advertisement to more sophisticated methods. It is not so strange anymore that health services should promoted and there is a rising interest in health related awareness and a need to learn more in an accessible way. Also medical related world days have been established to further promote public awareness. Finally the organizations through their donations or sponsorship in charity or scientific research as an indirect advertisement become popular.

**Place:** “place involves decisions concerning the distribution channels to be used and their management, the locations of outlets, methods of transportation and inventory levels to be held. The objective is to ensure that products and services are available in the proper qualities, at the right time and place. Distribution channels consist of organizations such as retailers or wholesalers through which goods pass on their way to customers. Producers need to manage their relationships with these organizations well because they may provide the only cost-effective access to the marketplace (Jobber D., 1998:14)”. Place in the health industry may refer to the location or the hours a health service can be accessed. While in past years a physician could establish an office in a location convenient for him, today the consumer increasingly dictates the role of place in the marketing mix. In this, have also contribute the economies of scale which have made modern and high tech equipment affordable to a greater number of (even small) private hospitals and clinics in almost every city helping prevent movement of clients to larger cities for specialized and complex medical checkups. In some cases place factors may enhance perceptions of the quality of the product, as when the physician’s office or hospital is in a trendy location or on a campus that facilitates efficiency of care. Also all major cities even the most remote are able to ensure quality medical treatment for their citizens. Unfortunately mountainous areas, small towns and little islands still lack complicated medical equipment and have to move in many cases. Doctors who make house calls may be the only way that home bound patients can get routine care. Systems or health plans may speed up or hinder the setting of appointments by making them available through online communications, for example. Finally, the ability to have
one’s medical record available online has added a different dimension to the concept of place.

2.2.3 Health services

According to the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

“Essentially, health does not only mean diseases of body and soul but also concerns a more general sense which has to do with an equilibrium state between humans and the physical, biologic and social environment compatible with full functional activity” (Last JM., 1997:56).

It can be seen that, health services are organized so as to mediate in an effective way between health providers and people who need medical care. Health care can be delivered by healthcare professionals, dentists, nurses, pharmacies and other healthcare providers.
Depending on the nature of the health services they are classified as follows:

A. **Primary Health Care**

“It is essential care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at cost the community and country can afford. It forms an integral part both of the country’s health systems of which it is the nucleus and the overall social and economic development of the country’” (World Health Organization 1978:12).

“The purpose of existence primary care is something more than providing health care to patients when it is needed. Health providers have to care for people throughout the course of their lives. They should treat people as members of a community whose health must be protected and enhanced and not as body parts with disorders that require treating” (The World Health Report 2008: 11)
This primary care requires among other matters, accessibility to all patients and the existence of necessary therapeutic and diagnostic centers which will be available to public 24 hours a day. This means that a well-organized, political and financial supported system is required which seems to be unaffordable to both developed and developing countries.

B. Secondary Health Care

The secondary health care is provided primarily by hospitals, by specific health providers and health professionals who do not have the first contact with the patients. However, the providers of health care may not necessarily work in hospitals as well as hospitals can provide primary care services only in certain cases such as through the outpatient clinic or laboratories.

Institutional care is distinguished from non-hospital care due to the fact that their main purpose is to provide collective services on an individual basis. The various institutions, the main of which is the hospital, constitute the main providers which gather medical knowledge of various sciences and expertise with the purpose of investigation and treatment illness usually in its acute phase. The main characteristic of institutional care is the reliance on the «industrial» organization of production where the division of labor enables many patients to benefit from advances in scientific knowledge to the extent and in ways which are not possible on an individual basis.

“The hospital or institution included in the general hospital sector is a «factory» of specialized services through a highly complex of production process. Depending on the characteristics, hospitals can be distinguished according to:

- Their purpose or function
- The type of cases that are hospitalized
- Their legal form
- Their geographic scope and the population with access to them
- Their educational role”. (Liaropoulos L., 2007:74)

“Especially in Greece the secondary health services are provided by three structures: a) the public hospitals which function is under the national health system
and responsible for their administration, organization, operation and financing is the state, b) the public hospitals outside the national health system in which included the military hospitals, the hospitals of some insurance agents such as the Social Insurance Institution and the hospitals of Ministry of Justice and c) private hospitals and clinics that operate as profit units” (Economou C., 2004:26)

C. **Tertiary Health Care**

“Tertiary health care requires specialized knowledge and advanced equipment. It is provided by university clinics which have the necessary technological infrastructure and qualified staff in order to provide high expertise of health services. Depending on the range of services provided, hospitals are divided into general hospitals which possess at least surgical and pathological sector in specific parts and specific hospitals which have hospitalization departments in one specialty. Finally, depending on the duration of hospitalization divided into acute hospitalization and chronic disease situations” (Economou C., 2004:27).

2.2.4 Diversification of health services

Health organizations have certain characteristics that need to be taken under consideration in order to design and manage successfully. “These are:

- **Large Public intervention:** health services are considered of paramount importance and thus are heavily monitored. Health is considered a gift available to all citizens and thus public intervention is throughout the procedure from organization, management, production, promotion, pricing and financing.

- **Market rules don't apply:** according to classic economic theory consumer must be in control for the market rules to work. Health services due to their highly specialized nature and the need of sophisticated knowledge are not easily perceived by the consumer and thus complete knowledge and evaluation of the market is not possible.

- **Labor intensive:** due to the fact that health systems are based largely on labor input, are labors intensive, in contrast to most areas of industrial production which are capital intensive. Human resources (medical, nursing staff) are the
most important and largest inflow and absorb a great portion of health resources” (Soulis S. 1999:55)

Due to what was said above, we can conclude that healthcare as an industry is set apart from the other sectors of economy because of its unique characteristics. Below we can add some additional factors that make the healthcare industry different:

- “The existence of a market presumes that sellers compete for the consumer’s resources and that this competition determines the price of the goods and services offered. In healthcare, however, it is not unusual for healthcare providers to maintain a monopoly over a particular service within a particular market. It is even more common for oligopolies of healthcare organizations to dominate a particular market. Thus, the buyer of health services is frequently limited in his choice of medical personnel or facilities” (Thomas R., 2005:24).

- “As an industry, healthcare also differs from other sectors of society in terms of the diverse goals of its key organizations. For example, the packaged goods industry has the unitary goal of producing, marketing and distributing any type of product directly to the consumers” (Thomas R., 2005:25). Their primary goal is to sell more and more products in order to maximize their profits. Of course as secondary goal, they provide employment, benefits for their employees and profits for their stakeholders as well as they usually contribute to the community through the donations and some sponsorship events. On the other hand, the primary goal of a healthcare industry is to focus on health problem of individual patient, cure the patient and improve the patient’s life. Health problems are unique to each patient and as such should be treated.

- “In most industries, the potential buyers who do not have the ability to pay or are undesirable customers can be refused service. However, when it comes to healthcare organizations, are obliged to accept patients even though they have not the ability to pay or they are “undesirable”. Hospitals are bound by law in most cases to accept patients regardless of the patient’s ability to pay” (Thomas R., 2005:25). This does not concern all the health services but especially emergency departments where the health providers cannot deprive any patient from the appropriate treatment when its health is on emergency
until the patient has at least been stabilized. This means that healthcare organizations often provide services that are not profitable.

The healthcare industry also tends to be much less organized than other industries. “Healthcare lacks the coordination and centralized systems of control found in other industries. All industries have a central administration based through which coordinate all the other services to achieve efficient management of all cases. Whereas, the healthcare industry is characterized by fragmentation, discontinuity, and a lack of coordination. As a result, healthcare lacks the organization typically characteristic of an established market” (Thomas R., 2005:25).

There is also difference in terms of payment from the customers. To be more specific, “consumers in other industries typically pay directly either by cash or with credit for the goods and services they consume. On the other hand, in healthcare the vast majority of fees are likely to be paid by a third party. This may be an insurance agency or a private insurance. There is a variety of insurance plans by means of which enable patients to pay for their treatment. This type of situation cannot be found in any other industry and results in a much more complicated financial picture for healthcare than for other industries” (Thomas R., 2005:25).

Due to the fact that, the demand for health services is relatively elastic, the normal rules do not apply. This means that the accepted rules of supply and demand seldom apply on healthcare industry in contrast to other industries. For example, “an increase in the supply of health services does not necessarily result in a decrease in prices, nor does increased demand invariably drive up prices” (Thomas R., 2005:25). As a result, neither the increased supply of beds nor the increase in demand has a significant effect on prices.

2.2.5 Health Services in Greece

The division of health sciences is undergoing rapid development in Greece. Crucial factor for this growth is the Greek structure in the field of research and development which consists of internationally recognized research institutes and university research groups. Greece has in its human resources world-class research teams, which participate in frontier research at the department of health sciences and
international partnerships with business and research institutions both in Europe and worldwide.

Figure 2.5: Employment in the health and social sectors as a share of total civilian employment, 1995 and 2008 (or nearest year available)

Total employment in the health sector in Greece in 2008 reaches 5.3% which represents a high rate compared to 4% in 1995. This fact has significantly increased investment in this field with an increasing number of employers dealing with medical services.
In the following figure we can see the out-of-pocket and private health insurance expenditure. It should be clarified that the total expenditure on health measures the final consumption of health goods and services plus capital investment in health care infrastructure. This includes spending by both public and private sources on medical services and goods, public health and prevention programs and administration. In Greece the total expenditure represented 39.7% in 2007, a high rate, especially when it is compared to other European countries.

![Out-of-pocket and private health insurance expenditure, 2007](image)

Figure 2.6: Out-of-pocket and private health insurance expenditure 2007

(OECD Indicators, 2009:171)
The health care services have achieved significant growth. The market share of private hospitals has increased and the demand for private funding and so the demand for private funding in medical care. The field of obstetrics is one of the fastest growing fields of health care services the Greek private hospitals expand into neighboring countries of Southeast Europe and analysts believe that Greece could become an attractive destination in the field of health tourism, offering high quality healthcare services at competitive prices.

However, taking into account the opportunities offered by tourism in Greece combined with the increasing investment in health services, we conclude that Greece compared to other countries can be very successfully deal with medical tourism, although it still remains an undeveloped field which could bring many benefits to companies but also across the country.

2.3 Medical Tourism

Nowadays preferring travelling a day distance far from your country in order to have medical care rather than staying at home with a similar or even advanced technology available seems absolutely reasonable. The reason why are the enhancements in healthcare solutions. For years ago, there were regional hospitals that provided the basic medical services to residents and lacked specificity. But once started to flow also people of other nationalities and seek medical care, it seems that the image of health services began to change and modernize in order to cover the ever more growing needs. “So hospitals were supplied with latest technology medical equipments, advanced diagnostic centers, a 24-hour emergency service center, customer helpdesks through free calling, a fully equipped intensive care unit and advanced surgical amenities. Another component of medical tourism is the enhancement of healthcare professionals. Advanced technologies require fully trained staff in these. Moreover, the demand of physicians with high profile and reputation whose skills have already benefited patients is great, especially by medical tourists. The number and prevalence of medical experts and healthcare staff represent an important factor in ensuring success of healthcare unit”. (Jagyasi P., 2010:2).
Another matter worth mentioning is the quality assurance of medical services that hospitals provide. Except for health provider’s reputation, a hospital should fulfill other important conditions. It is important for patients to be ensured that the hospitals have accreditations from authorized bodies that are recognized and accepted internationally. “Apparently, quality control certification of a health unit must be done frequently and be improved according to international standards so as to meet international demands and expectations of patients. The assurance of quality conditions must be published in order to be widely known either from the hospital or by the certification body” (Jagyasi P., 2010:3).

Apart from the certified high quality medical services in combination with lower prices offered, the greater success of medical tourism lies in providing an integrated package of services for the patients and their relatives. The patients, in order to travel far from their homes take into account also the facilities that they will have there for the period of time, they will remain in this country. These facilities have to do with hospitality opportunities, housing, food and even sightseeing tours of a country depending on the patients’ and their familiars’ preferences and their health condition. “Especially the patients who will make routine interventions or health tests and they are not at some imminent danger, will face the medical tourism as a chance for vacations. It is also important that nowadays there is no need for the customer to be concerned on searching himself all the information is needed, as he may apply to intermediaries companies. The importance of intermediaries has already been acknowledged and their responsibility is to bridge the gap between clients and medical tourism providers. Such intermediaries can be «medical brokers», «medical tourism facilitators» or a «medical travel agency». Also, traditional travel agents may fulfill this role, as well as insurance companies can contribute in growth of medical tourism” (Hudson S., 2011:1)

In recent years medical tourism is gaining more and more interest in academic community both on health and tourism studies, as well as, in other researches that have been done so far. In a survey about cross-border healthcare in the European Union, which was conducted in 27 European countries by Eurobarometer of European Commission during May 2007, some interesting results emerged about medical tourism. For this survey, telephone interviews were conducted in each country with the exception of the Bulgaria, Czech Republic, Estonia, Latvia, Lithuania, Hungary
Poland, Romania and Slovakia where, both telephone and face-to-face (personal) interviews were conducted. Each national sample is representative of the population aged 15 years and above. In most EU countries the target sample size was about 1000 respondents. An important question was if the European citizens are willing to travel to another EU country to receive medical treatment and 53% answered that they are willing, whereas 42.2% answered “no”. Furthermore, as for the reason why they would travel in another EU country for medical treatment, the vast majority of them (91.3%) answered that they would travel in order to receive treatment that is not available in their own country, 77.5% to receive better quality treatment than at home, 68.6% to receive treatment from a renowned specialist, 63.8% to receive treatment more quickly than at home and 47.5% to receive cheaper treatment than at home.

In another survey about the attitudes of Europeans towards tourism in general, (which was conducted during 2009 through telephone interviews in 27 European countries by Eurobarometer of European Commission), there was a question about the major motivation for the European citizens in order to organize their holiday trips in 2009 and on average 3.2 % answered the health treatment. In this survey among those that answered 46 % of men and 54 % of women chose the health tourism. It is also interesting to mention that among the citizens that chose health treatment 18 % are self-employed, 20 % are employees, 27 % are manual workers and 35 % are unemployed.

The research of Crooks V. et al. (2010) examines the motivation and push factors for which patients decide to leave their country and seek for medical care abroad. For the implementation of the specific research 348 academic articles, media sources and grey literature reports were used. Concerning the specific study, determining factors for medical tourists are, first of all, the high cost and lack of insurance in their own country as well as the long waiting time. “Patients can be pulled towards medical tourism hospitals that are renowned for the quality of service, care, and facilities they offer” (Crooks V., et al. 2010:6). It is also more possible for patients to choose hospitals in which the staff speaks their native language. “Related to this, the religious accessibility of medical tourism facilities and destination nations is another consideration that can pull patients to one location over another” (Crooks V., et al. 2010:6). Furthermore, the political situation in a country can either motivate a patient or not to travel to the specific country. Moreover important role on the
patient’s decision towards medical tourism is the opportunity that given to enjoy the holidays in a foreign country, during the period of receiving medical care. Finally, other motivation factors can be the access to important information about the foreign hospital and doctors’ certification, as well as “the international marketing of facilities and procedures, including their costs, online or via facilitators/brokers,” (Crooks V., et al. 2010:6).

Pennings G. et al. (2009) in a study regarding the intake of foreign patients in Belgium for infertility treatment, which was conducted in 18 clinics at Brussels, showed that the total number of foreign patients increased from 1,456 in 2003 to 2,117 in 2007. The following countries represent the majority (89%) of all foreign patients seeking treatment in Belgium: France (38%), Netherlands (29%), Italy (12%) and Germany (10%). The research also shows that an important reason why cross-border reproductive care generates so much interest is the element of law evasion. According to the results from the above study, “there is a clear correlation between certain legal prohibitions in the patient’s country of origin and the number of patients who travel abroad. The changes in numbers of patients coming from a specific country for a specific treatment and changes in the law in that country are clearly related. Last but not least, the attractiveness of these clinics into foreign patients can also be explained by some additional factors such as accessibility (international train station and airport), the presence of large infertility centers with an international reputation and the languages spoken” (Pennings G., et al. 2009:9).

Spasojevic M. and Susic V. (2010) mentioned that an important aspect on medical tourism growth is the contribution of specialized mediators who constitute the link between foreign patients and hospitals. Specifically, mediator companies employ people with medical knowledge so as to be able to propose patients the appropriate treatment and destination depending on their illnesses. “Some mediators have deals with certain service providers and send their clients exclusively to them, while others create a wider network of providers and destinations in order to satisfy needs of different service users” (Spasojevic M. and Sucic V. 2010:3).

On the other hand, Hall, M. and James, M. (2011) explored some of the potential biosecurity and nosocomial risks associated with international medical tourism. Their findings show that “there are substantial concerns with respect to the potential personal and public health costs of medical tourism. This means that apart
from the individual risks, there are also health risks to the home country of medical tourists and particularly to medical facilities which they may visit if they have an infection. It is also mentioned that, medical tourists are therefore identified by the medical community as posing significant risks for the spread of pandemics as well as further contributing to increased antibiotic resistance” (Hall, M. and James, M. 2011:2).

Moreover, Altin, M. et al. (2011) focused on the most salient stakeholder, the consumer, and examined the components of the consumer’s decision to seek medical tourism. The study also identified several other stakeholders in the industry and their role in influencing the consumer’s decision facilitating or inhibiting the actual travel. Some of the findings are listed below: “(1) the lower the institutional and cultural distance between the destination country and home country of the consumer, the greater the probability of the consumer seeking undertaking medical tourism in that country, (2) the higher the rating of the treatment facility and the perception of service quality of the treatment, the greater the probability of the consumer undertaking medical tourism at that facility, and (3) the greater the desire for privacy and confidentiality of the desired treatment, the greater the probability of the consumer undertaking medical tourism abroad”. (Altin, M. et al. 2011:6-7).

According to Lee, C. (2006), the Asian countries seem to have a competitive advantage regarding medical tourism and in comparison to other countries, due to the support and promotion by their governments. To be more specific, “Asian countries specializing in attracting medical tourists, create new entrepreneurial activity that can lead to a profitable and sustainable tourism industry in the region” (Lee C. 2006:2). It is also mentioned that some Asian countries have been influenced by the western way of life due to colonizers who are living there, so they are able to provide patients the appropriate accommodation, satisfying their needs. “Furthermore, with an increasing educated Asian population together with a relatively cheap specialized and skilled labour workforce, the cost of providing healthcare services is much cheaper in relation to the cost of providing healthcare in western and developed countries” (Lee C. 2006:2).

The study of Prakash M. et al. (2011), was a survey carried out by the distribution of a structured questionnaire to foreign patients of 13 hospitals which were accredited by JCI (Joint Commission International) certification, 17 by NABH
(National Accreditations Board for Hospitals) accreditation and 4 hospitals who had applied for NABH accreditation. “The respondents were mainly from Africa (51%) and Middle East (35%)” (Prakash M. et al. 2011:8). Among the findings, the most essential are: “(1) Most important medical services sought are Cardiac treatments (30%) and orthopedic procedures (15%)” (Prakash M. et al. 2011:8) and (2) only 16% of the respondents have supported by the government for their medical treatment.

Finally the survey by Mckinsey&Company in Athens (2011) confirms that, “while Greece has to play an important role in the rapidly growing market of medical tourism, it is lacking a comprehensive national development strategy for the industry. Indicatively, only one unit is accredited by the Joint Commission International, an international certification body for health care organizations, compared with 43 in Turkey, 21 in Italy and 14 in Thailand. At the same time Greek hospitals haven’t yet established official agreements with top international hospitals, which could enhance the international medical profile of the country” (Mckinsey&Company 2011:59). This fact is evidence that medical tourism is underdeveloped in Greece and sporadically some private Greek clinics provide it.
CHAPTER 3:

EMPIRICAL RESULTS
3. EMPIRICAL ANALYSIS

3.1 Research Objectives

The aims of the present study are:

- to explore/examine the current Greek private organizations that offer medical tourism services and
- assess the potentiality of growth of the Greek medical tourism sector.

3.2 Sample

As it is already been said, the research focused on Greek private clinics, IVF centers and plastic surgery centers that are involved in medical tourism. In order to be identified it was imperative to telephone a large number of Greek private clinics, IVF and plastic surgery centers so as to perform a first screening about whether they are involved in medical tourism or not. The total number of phone calls made was 270 (from 10/11/2011 until 10/12/2011). Among these phone numbers, 141 were included in the list of private clinics registered at the Ministry of Health and Social Solidarity, while the other 129 phone numbers were included in Greek on-line directories (such as “vrisko.gr” and “e-hospital.gr”). In total, 151 private clinics, 5 IVF centers and 114 plastic surgery centers were contacted through telephone. From this initial sample of 270 contacted, 54 (20%) couldn’t be found (they had changed their phone numbers or due to technical problems) or couldn’t answer (because they weren’t available at the time of the calls or familiar with medical tourism) or didn’t want to participate in the research. So, among the valid sample of 216 private clinics, IVF centers and plastic surgery centers, only 22 answered that they are dealing with medical tourism. Among these 22 units, 5 couldn’t participate in the research because they had only recently involved in medical tourism (less than a year) and another 7 although they initially agreed to receive the questionnaire they never returned it even after repeated calls/approaches. As a result, the final sample consists of 6 private clinics, 3 plastic surgery centers and 1 IVF center. The questionnaires were distributed and returned by
the most preferable method to the recipients, either by e-mail or fax. The number of phones taken to private hospitals, plastic surgery and IVF centers is mentioned above:

Table 3.1: Number of phones per category and prefecture

<table>
<thead>
<tr>
<th>Number of phones per prefecture (private clinics-hospitals)</th>
<th>Total Number</th>
<th>Number of phones per prefecture (plastic surgery and IVF centers)</th>
</tr>
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<tbody>
<tr>
<td>Prefecture of Achaia</td>
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<td>IVF centers of Athens</td>
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<tr>
<td>Prefecture of Ilia</td>
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<td>IVF centers of Thessaloniki</td>
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<tr>
<td>Prefecture of Etoloakarnania</td>
<td>2</td>
<td>Plastic surgery of Athens</td>
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<td>Prefecture of Messinia</td>
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<td>Prefecture of Chania</td>
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3.3 Case Studies

Below are listed the case studies of ten clinics that are dealing with medical tourism and they participated to the research.

1. STANDARD HEALTH UNITS IATOS S.A

The clinic “IATOS” in Crete founded on 2007 and is one of the three units of the same group which offer dialysis care services in Greece. It provides dialysis care services and 20 beds are available for patients. In addition, the turnover for medical tourism for 2010 was 5% of the total turnover.

The number of visitors from abroad during 2011 was more than 15 patients, (this number is calculated approximately because the answers were given until the middle of 2011) while the previous years were less than 10 patients. The largest number of them comes from Germany, Scandinavia and U.S. The cost of advertising through internet on 2011 was lower than 10.000€. Also, there was no need to reduce their prices due to the fact that they are already more competitive than foreign clinics.

They don’t cooperate with mediator companies (companies which intervene between clinics and patients from abroad in order to find the appropriate for their illnesses destinations) but with tourist agencies through which they also offer tourist medical packages to foreign patients. The location of the clinic is a major benefit due to the fact that Crete is one of the most popular summer destinations, offers rich archaeological attractions, intense nightlife, beautiful natural surroundings and attractive beaches reaching thousands of tourists every year. Their strategic orientation regarding medical tourism is to expand the medical services offered, utilize at the maximum their human resources and infrastructure and increase their sales and profits. Their services certification is ISO 2000. Finally, they don’t consider viable a private clinic which is exclusively dealing with medical tourism.
2. FILOKTITIS RECOVERY & REHABILITATION CENTER S.A

The center of rehabilitation and recovery “FILOKTITIS” founded on 1996 and belongs to the “Group IASO”. It is addressed to people after accidents or illnesses needing medical services for recovery and rehabilitation. With a capacity of 125 beds is the largest private Recovery & Rehabilitation Center in the Athens Metropolitan area. The innovative and ultra modern buildings of “FILOKTITIS” are located in the basin of Mesogeia, Attica, at the administrative boundaries of the Municipality of Koropi and the Eastern Attica Prefecture, near the Athens International Airport, and the large road axes.

The first patients from abroad who came to “FILOKTITIS” center on 2009 were less than 10, but even 2010 didn’t exceed the number of 10 patients. The total number of their patients on 2010 came from Cyprus. There was no reduction in prices of services that are provided. The clinic is advertised mainly through internet. What’s more, there is no cooperation with mediator companies. Also, there wasn’t any support from Greek State in order to develop medical tourism in their clinic.

The rich archaeological sites that city of Athens provides and its favorable location near the airport enables patients from abroad to visit the center and at the same time to enjoy the facilities that are provided.

The main reasons why they started to deal with medical tourism are the increasing in profits, the expansion of services and the exploitation of market with higher margins. Their services certification is ISO 2000. Finally, they consider viable a private clinic which is exclusively dealing with medical tourism and their purpose is to expand their services.

3. SYMMETRIA

The center of aesthetic procedures “SYMMETRIA” is located in a modern, luxurious building in Halandri, Athens and founded on 2005. The building was designed from the beginning in order to accommodate health and beauty services.

It offers a very wide range of options concerning on plastic surgery services. The specific treatments don’t have to be accommodated overnight, so there are no available beds, while after the treatment, the patient is able to leave. When it comes to more serious surgeries, these are carried out in hospitals in order to ensure patients
safety. They have already reduced their prices in order to be more competitive than the foreign ones. Symmetria is also very active in organizing seminars, conferences or smaller group presentations in order to promote scientific knowledge, helps its clients with day to day issues and offer an overall holistic service in beauty, balance and wellness.

Beyond the medical services, for patients from abroad it provides accommodation through cooperation with hotels and tourist agents which provide tourist packages. The largest number of their patients comes mainly from England. The number of visitors from abroad during 2011 was more than 15 patients, (this number is calculated approximate because the answers were given until the middle of 2011) while the previous years were 10 patients. It is also worth mentioning that they started dealing with medical tourism in order to expand their services. They have chosen several means of advertising such as internet, magazine and press, tourist agencies and mediators from abroad in order to attract many patients from other countries. They consider that the hospital’s location has only little benefited the clinic. Also, there wasn’t any support from Greek State in order to develop medical tourism in their clinic. Their services certification is Bureau Veritas. However, despite persistent efforts, they consider that a clinic may not be sustained only with medical tourism and they are going to reduce their services in the future.

4. ADVANCED AESTHETICS

“ADVANCED AESTHETICS” is a newly-established center of plastic surgery located in the center of Athens and founded on 2009. The main plastic surgeon and colleagues provide customers-patients with the most advanced techniques on the aesthetic plastic surgery and reconstructive surgery. The specific treatments don’t have to be accommodated overnight, so there are no available beds, while after the treatment, the patient is able to leave. When it comes to more serious surgeries, these are carried out in hospitals in order to ensure patients safety. They started dealing with medical tourism in order to expand their services and exploit a market with higher profits. Also, there wasn’t any support from Greek State in order to develop medical tourism in their clinic. There was no reduction in prices of services that are provided.
The distinguished feature of this clinic is that there is a specific person who engaged in medical tourism exclusively. Specifically, this person is the essential link between the center and patients from abroad. In order the patients feel secure, this person informs customers about the services that are provided and organizes their transition in Greece and their accommodation during their stay.

In “ADVANCED AESTHETICS”, also, operates a separate section on medical tourism to receive and provide medical services to high aesthetic reconstructive surgery in patients abroad and patients from throughout the Greek and Cypriot territory.

The most patients come from United Kingdom and also from Arab countries. The number of visitors from abroad during 2011 was more than 20 patients, (this number is calculated approximate because the answers were given until the middle of 2011) while the previous years were 15 patients and less. In addition they also provide free assistance and information on hotel facilities, restaurants, museums and entertainment options. It is also worth mentioning that they started dealing with medical tourism in order to expand their services and exploit a market with higher margins. Their location has benefited the clinic much due to the fact that it is easily accessible and the vicinity around it provides rich archaeological sights. Their services certification is ISO 2008. Their orientation is to expand their medical tourism services and they consider that a clinic can be viable by dealing exclusively with medical tourism.

5. EMMETROPIA Mediterranean Eye Clinic

“EMMETROPIA Mediterranean Eye Clinic” founded in April 2005 and its aim is to provide meditation in vision problems to Greek and foreign patients. It provides a large variety of services. The specific treatments don’t have to be accommodated overnight, so there are no available beds, while after the treatment, the patient is able to leave. It is located in Crete, a popular destination for many tourists which offers rich archaeological attractions and is easily accessible through airport and port. So, their location has favored very much their involvement with medical tourism.

“Emmetropia Mediterranean Eye Clinic” in cooperation with famous hotels provides a full-service program dedicated to meeting the individual needs of
foreign patients. As a way of advertising the clinic in abroad, they have chosen the internet. The most medical tourists come from Cyprus, England and Scandinavian countries. The number of visitors from abroad during 2011 was more than 10 patients, (this number is calculated approximate because the answers were given until the middle of 2011) while the previous years were 7 and less. They don’t cooperate with mediator companies. There wasn’t any support from Greek state according to the medical tourism.

Their services certification is ISO 2008. They started dealing with medical tourism in order to expand their services and increase their profits. When it comes to the prices of the services that are provided, these remain stable. Their purpose is to expand their medical tourism services in future.

6. MESOGEIOS DIALYSIS CENTERS

“Mesogeios Dialysis Center” in Crete is one of the six units of the “Group Dialysis Centers Mesogeios” which was established in 2000 with the purpose of meeting the needs of dialysis patients and having such standards that satisfy their expectations. It provides two large dialysis rooms and has the ability to facilitate 180 patients at the same time. It has also a specific tourist office which provides information to medical tourists. As for the means of advertising their clinic in abroad, they have chosen the internet. Also, there wasn’t any support from Greek State in order to develop medical tourism in their clinic. They started dealing with medical tourism due to the increase in profits and the exploitation of a market with margin profits. According to the prices of the services that are provided, these remain stable. They have favored very much by their location because Crete is a popular destination for many tourists, offers rich archaeological attractions and is easily accessible through airport and port. Also, in order to accommodate their patients, they undertake to assist them with excursion bookings, hotel reservations, car rentals and their transfer from and to the airport and port. They try to create all the conditions so as their patients feel secure and at the same time to ensure a pleasant stay for the medical tourists and their companions. The most patients come from Cyprus, United Kingdom and also Germany. The number of visitors from abroad during 2011 was more than 20 patients, (this number is calculated approximate because the answers were given until the middle of 2011) while the previous years were 17 patients and less.
What’s more “Mesogeios Dialysis Center” apply quality assurance systems according to ISO 2008, in order to ensure high quality services and safe therapies. In 2008 the “Group Dialysis Centers Mesogeios” was awarded by the inspection and certification organization “TUV HELLAS” for the quality of their services. Finally, they consider viable a private clinic which is exclusively dealing with medical tourism and they are going to expand their services in future.

7. **MEDITERRANEAN FERTILITY CENTER & GENETIC SERVICES**

The “Mediterranean Fertility Center & Genetic Services”, is located in Chania, Crete and was founded in May 1994. The “MFCGS” specializes in the treatment of infertility and prevention of genetic diseases. It also provides the finest care in reproductive medicine. Since its inception, “MFCGS” has become the leader in Reproductive Medicine and Assisted Reproductive Technologies in the Island of Crete. It also provides the finest care in reproductive medicine. They have treated patients who came from several countries such as Italy, Spain, Germany, England, United States and Australia.

They don’t cooperate with mediator companies. The location of the clinic is a major benefit due to the fact that Chania is one of the most popular summer destinations, offers rich archaeological attractions, beautiful natural surroundings and easily accessible reaching thousands of tourists every year. They cooperate with hotels in order to accommodate their patients. They have chosen internet and television as means of advertising. Finally, they apply quality assurance systems according to ISO 2000.

8. **MEDICAL CENTER OF ATHENS**

The medical center of Athens founded in 1983 in Maroussi, Athens with the aim of providing primary, secondary and emergency health services, as well as some specialized health services. The “Medical center of Athens” is one of the units of the “Athens Medical Group”. It provides 300 beds, which are supported by 24 surgery rooms and intensive care unit of 30 beds. Along with the fully equipment and fully staff laboratory, the hospital meets the needs for diagnosis and treatment of any occurrence. The Athens medical center has received ISO 2000 certification in the most of the services that provides. Among the most important strategic partnerships
achieved by the “Athens Medical Group” was the German colossus in the field of health “Asklepios Klinikien GmbH” which contributed in the capital share of “Athens Medical Group”. This cooperation can be the link between the clinic in Greece and the German patients.

However, except the advertising through internet, the “Group” also publishes the magazine “Medical World” in the form of a small newspaper in which advertised the Group’s pioneering medical procedures and issues of corporate and social responsibility.

What’s more, the Athens medical group works with the most of the insurance companies in primary and secondary care. Under this cooperation, the insured persons from Greece and abroad, find direct response to health problems and avoid the bureaucratic procedures, as the cost of their care covered directly by their insurance company.

9. Polykliniki Lamias

“Lamia Polyclinic” is the first department of a model complex providing health services in Fthiotis prefecture. The complex initially consists of a general clinic, at a capacity of 90 beds and a chronic renal dialysis unit, at a capacity of 15 machines. The Rehabilitation Centre for in- and out-patients and for serving people with special needs has a total capacity of 45 beds. “Lamia Polyclinic” covers surgery, general medicine and obstetrics incidents, as well as a wide range of diagnostics and treatment services. “Lamia Polyclinic” is the most modern clinic in Sterea Ellas.

The creation of these health facilities aimed on the one hand the drastic improvement of health services in the region of central Greece for permanent residents and to cover part of the unsatisfied demand for specialized health services and secondly to offer a high level of medical care in general tourism and to create a pole of attraction of a particular form of medical tourism.

The “Lamia polyclinic” is a modern commercial property of investors doctors by the construction of which physicians aimed at introducing modern health services and ensuring a high level of patient satisfaction from the structure and operation of the clinic providing high quality care, comfortable, clean and pleasant environment, friendly accommodation and excellent support from the nursing staff to customer service. Finally, they apply quality assurance systems according to ISO 2008.
10. Diagnostic Clinic of Surgery and Aesthetic Ophthalmology, Ofthalmoplastiki

“The Ofthalmoplastiki” center is located in Athens, founded in 1976 and offers advanced medical, eye care and beauty services, bringing together the technology, advanced laser techniques and skin care solutions. There are no beds available in the center, while the interventions carried out in collaborating with private clinics which are distinguished for the level of their services.

Some of the further services that are provided for medical tourists are transfer services, continuous updating of medical and surgical treatment through internet and television and also entertainment, sightseeing and accommodation at selected hotels. The director of the clinic has been actively involved in creating scientific papers that are presented at conferences. They have favored by center’s location due to the fact that it is easily accessible and the center of Athens provides rich archaeological attractions. They started dealing with medical tourism due to the increase in profits, expansion of services and exploitation a market with higher margin profits. Finally, they apply quality assurance systems according to ISO 2000.
3.4 Questionnaire

1. Which year your clinic was established?

   Variable: year of establishment
   Type of question: open type
   Measuring scale: scale

2. How many beds does your clinic provide?

   Variable: number of beds
   Type of question: open type
   Measuring scale: scale

3. How many were the visitors from abroad during the years 2009 to 2011?

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
</tr>
</tbody>
</table>

   Variable: number of visitors from abroad
   Type of question: open type
   Measuring scale: scale
4. Have you reduced the prices of services offered to foreign patients, so as to be more competitive than those of abroad?

Yes, will be reduced

No, will be increased

Remain stable

Variable: option of price reduction

Type of question: closed type, mutually exclusive answers

Measuring scale: nominal

5. Have you had so far any kind of support from the Greek State in order to develop medical tourism in your clinic?

- Yes, only for medical tourism

- Yes, for the entire business activity

- No

Variable: state support for investment

Type of question: closed type, mutually exclusive answers

Measuring scale: nominal
6. Which of the following health services do you offer to your patients? 
   (it can be chosen more than one)

   - Aesthetic surgery
   - Dental services
   - Eye-care services
   - Orthopedic/Rehabilitation services
   - Cardiovascular services
   - IVF
   - Dialysis services
   - Other (specify)

   **Variable:** medical services offered
   **Type of question:** closed type with an open side, multiple response
   **Measuring scale:** nominal

7. Apart from medical, what other services do you offer to your patients and at the same time visitors of your town? (it can be chosen more than one)

   - Hosting for close family members
   - Accommodation beyond treatment
   - Cooperation with hotels for accommodation
   - Cooperation with travel agencies providing tourism packages
   - Other (specify)
8. Which ways and means of advertising your clinic abroad have you chosen? (it can be chosen more than one)

- Internet
- Advertisements in magazines
- Cooperation with travel agencies
- Advertising on television
- Advertising on radio
- Mediators
- Certification companies
- Hospitals
- Insurance companies abroad
- Other way (specify)

9. Do you collaborate with mediator companies?

- Collaboration with mediators in Greece
- Collaboration with mediators abroad
- Collaboration with mediators abroad and in Greece
- No collaboration

**Variable**: collaboration with mediators companies

**Type of question**: closed type, mutually exclusive answers

**Measuring scale**: nominal

10. Which were the countries of origin of the largest number of your patients on 2010?

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

**Variable**: country of origin and number of patients

**Type of question**: open type

**Measuring scale**: nominal/scale

11. Have you created in these countries any special advertising campaign in order to attract more people? And if so, what means of advertising did you use?

Yes (which)  
No

Advertising
Variable: special advertisement campaign

Type of question: two parts of answer: (i) closed type, mutually exclusive answers and (ii) open type

Measuring scale: (i) nominal and (ii) nominal

12. Have you favored by the hospital location in order to improve the application of medical tourism?

<table>
<thead>
<tr>
<th>Very little</th>
<th>Little</th>
<th>Much</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Variable: influence on success from hospital location

Type of question: likert in interval scale 4th level

Measuring scale: interval

13. If you believe that the hospital location has benefited you much or very much, select which of the following reasons? (it can be chosen more than one)

- It is a summer tourism destination
- It is a winter tourism destination
- It is easily accessible (airport, port) 
- It provides archaeological attractions in the vicinity 
- It is a popular tourism destination 
- Other (specify) 

**Variable:** reasons why clinic’s location influence positively medical tourism  
**Type of question:** closed type with an open side, multiple response  
**Measuring scale:** nominal

14. What are the reasons you initiated with medical tourism? (it can be chosen more than one) 

- Increase in profits 
- Expansion of services 
- Enter a market with higher profit margins 
- Higher utilization of company’s resources 
- Other (specify) 

**Variable:** reasons why clinics initiated with medical tourism  
**Type of question:** closed type with an open side, multiple response  
**Measuring scale:** nominal

15. Have you certified the quality of your services with any specific ways? And if so, which are they? 

   Yes (specify) 
   No
16. Do you consider, according to your experience, viable a clinic which is exclusively offers medical tourism services?

Yes  No  Perhaps, under conditions (specify)

17. Is your aim to expand your medical tourism services in future?

Yes, will expand  Will be unchanged  Will be reduced

Variable: clinic’s viability offering exclusively medical tourism services

Type of question: closed type with an open side, mutually exclusive answers

Measuring scale: nominal
3.5 Statistical Analysis

After the collection of questionnaires, of 6 private clinics, 3 plastic surgery centers and 1 IVF center (N=10). These were coded and the responses were analyzed with the use of SPSS v. 18. Descriptive statistics were calculated for all variables and the results are presented following.

**Question 1: « Year of establishment »**

In this question, clinics asked to specify the year of their establishment. Depending on their answers, we distinguished them into three categories with a range of 12 years. The mean of these years is 1998.

![Year of establishment chart](image)

Figure 3.1: Year of establishment

**Question 2: « Number of beds »**

In this question, clinics asked to specify how many beds are provided in their clinics. The average of the number of beds is 145. It is worth to mention that only 4 out of 10 clinics provide accommodation.
Table 3.2: Number of beds

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>4</td>
<td>145.00</td>
<td>115,886</td>
<td>13383,333</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 3:** « Number of patients from abroad »

In this question, clinics asked to specify how many patients came from abroad from 2009 to 2011. According to the following table, the number of visitors from abroad in 2009 was at average 7 patients, in 2010 11 patients and in 2011 were approximately 18 patients (until first half of 2011). Although the number of patients remains low, however, it shows a significant increase in 2011 in comparison to 2009. It must be noted that 4 clinics were unwilling to give any information relating to the number of their patients.

Table 3.3: Number of visitors from abroad

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Error</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of visitors from abroad 2009</td>
<td>6</td>
<td>6,67</td>
<td>0,843</td>
<td>2,066</td>
</tr>
<tr>
<td>Number of visitors from abroad 2010</td>
<td>6</td>
<td>11,00</td>
<td>1,693</td>
<td>4,147</td>
</tr>
<tr>
<td>Number of visitors from abroad 2011</td>
<td>6</td>
<td>18,33</td>
<td>2,246</td>
<td>5,502</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 4:** « Option of price reduction »

In this question, clinics asked if they have made price reductions in order to be more competitive.
Figure 3.2: Option of price reduction

According to the question whether the clinics have made price reductions in order to be more competitive, the vast majority 80% stated that prices remain the same but still are lower than prices on clinics abroad. While, only 20% answered that they have reduced their prices.

Table 3.4: Option of price reductions

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, have reduced</td>
<td>2</td>
<td>20,0</td>
<td>20,0</td>
<td>20,0</td>
</tr>
<tr>
<td>Remain stable</td>
<td>8</td>
<td>80,0</td>
<td>80,0</td>
<td>100,0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100,0</td>
<td>100,0</td>
<td></td>
</tr>
</tbody>
</table>

**Question 6: « Medical services offered »**

In this question, clinics asked to answer about the services that are offered to their patients.
Most of the clinics are involved in cosmetic surgery (30%), orthopedic and rehabilitation services (30%) and dialysis (30%), while fewer provide eye-care (20%), cardiovascular (20%), and IVF services(10%). It has to be noted that each clinic could choose more than one services.

**Question 7:** « Supplementary services offered »

In this question, clinics asked to specify the supplementary services that are offered to their patients and their meetings.
As for the additional services that are provided by the clinics, the vast majority of them is cooperating with hotels to facilitate patients and their relatives (60%), a smaller part is providing accommodation facilities beyond the treatment period (40%), another small part offers hospitality to patient relatives (30%) and finally some clinics cooperate with travel agents to provide package tours (30%).

**Question 8: « Ways and means of advertising »**

In this question, clinics asked to answer about the supplementary services that are offered to their patients and their meetings.

![Figure 3.5: Ways and means of advertising](image)

All clinics answered that are advertised through internet, half of clinics are also advertised by television. Only 3 out of 10 are advertised in magazines, while 20% also uses travel agents, 20% uses hospitals and finally only 10% advertised through mediators.
**Question 9:** « Collaboration with mediators »

In this question, clinics were asked to answer whether they cooperate with mediator companies or not.

<table>
<thead>
<tr>
<th>Table 3.5 Collaboration with mediators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>No collaboration</td>
</tr>
<tr>
<td>Mediator companies abroad</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

It is shown that 90% of the respondents don’t cooperate with mediator companies, while only one clinic is cooperating with mediators and especially with companies abroad.

**Question 10:** « Country of origin and number of patients on 2010 »

In this question, clinics were asked to specify the country of origin of their patients and their number on 2010.

![Figure 3.6: Country of origin and number of patients on 2010](image)
Regarding to the number and concerning the three tables above in 2010, 24 patients came from England, 22 patients from Cyprus, 10 patients from Germany, 2 patients from Scandinavian countries, 7 patients from Arabic countries and only 1 patient from U.S.

**Question 11: « Targeted advertisement campaign »**

In this question, clinics asked at first to answer whether they have made any specifically advertisement campaign to the countries where the most patients come from or not.

<table>
<thead>
<tr>
<th>Table 3.6: Targeted advertisement campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Valid</td>
</tr>
</tbody>
</table>

None of the clinics have done any special advertisement campaign in the countries where the majority of patients came from.

**Question 12: « Influence from hospital location »**

In this question, clinics asked to answer about how much they have been benefited by their location.
According to the influence from the hospital location, 40% of them have benefited very much from their location, 30% much, 20% little and only 10% very little. The mean is 3, which means that the influence from the hospital location is at average: “much”.

Table 3.7.1: Influence from hospital location (mean)

<table>
<thead>
<tr>
<th>N</th>
<th>Valid</th>
<th>Missing</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>0</td>
<td>3.00</td>
<td>1.054</td>
<td>1.111</td>
</tr>
</tbody>
</table>

Table 3.7.2: Influence from hospital location (frequency)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>1</td>
<td>10.0</td>
<td>10.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Little</td>
<td>2</td>
<td>20.0</td>
<td>20.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Much</td>
<td>3</td>
<td>30.0</td>
<td>30.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Very much</td>
<td>4</td>
<td>40.0</td>
<td>40.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
**Question 13:** « Reasons why clinic’s location influence positively medical tourism »

Clinics which are influenced “much” or “very much” by their location, had to answer to this question about the reasons why they are benefited by the location.

![Figure 3.8: Reasons why clinic’s location influence positively medical tourism](image)

The most 70% of the respondents who answered that they have benefited from the clinic location much or very much answered to this question. The vast majority of them, 70% answered that it is easily accessible and that it is located near to archaeological attractions. While, 50% answered that their location is a popular tourism destination and finally 40% that is a summer tourism destination.

**Question 14:** « Reasons why the clinics initiated medical tourism »

In this question, clinics asked to specify why they started dealing with medical tourism.
Most respondents answered that they started dealing with medical tourism due to the increase in profits (80%) and the expansion of services (80%), while less (60%) in order to enter a market with higher margins and even less (30%) for the higher usage of companies resources.

**Question 15: «Certification»**

In this question, clinics asked to answer whether they have certified their services or not.

<table>
<thead>
<tr>
<th>Table 3.8: Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Regarding certification, all clinics (100%) have certified their services.
**Question 16: « Certification types »**

In this question, clinics asked to specify the certification type of their services.

![Pie chart showing certification types](image)

Figure 3.10: Certification types

The kinds of certification vary depending on the clinic. Specifically, 9 out of 10 clinics use ISO certification. Among them 50% has ISO 2008, 40% ISO 2000 and 10% bureau veritas certification.

**Question 17: « Clinic’s viability offering exclusively medical tourism »**

In this question, clinics asked to answer if they believe that a clinic can be viable offering exclusively medical tourism services or not.

![Table showing clinic viability](image)

Table 3.9: Clinic’s viability offering exclusively medical tourism

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td>6</td>
<td>60,0</td>
<td>60,0</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>6</td>
<td>60,0</td>
<td>60,0</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>4</td>
<td>40,0</td>
<td>100,0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>10</td>
<td>100,0</td>
<td>100,0</td>
</tr>
</tbody>
</table>
Most clinics, 60%, don’t consider viable a clinic which is dealing only with medical tourism, while the other 40% believe that can be viable.

**Question 18:** « Future services’ expansion in medical tourism »

In this question, clinics asked, if they are going to expand their medical tourism services in the future.

Table 3.10: Future services’ expansion in medical tourism

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, will be expanded</td>
<td>5</td>
<td>50,0</td>
<td>50,0</td>
<td>50,0</td>
</tr>
<tr>
<td>will remain unchanged</td>
<td>2</td>
<td>20,0</td>
<td>20,0</td>
<td>70,0</td>
</tr>
<tr>
<td>will be reduced</td>
<td>3</td>
<td>30,0</td>
<td>30,0</td>
<td>100,0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100,0</td>
<td>100,0</td>
<td></td>
</tr>
</tbody>
</table>

According to their future expansion, 50% of the clinics will expand their medical tourism services in future, 30% of them will reduce their services while only 20% will keep their services unchanged.

Figure 3.11: Future service’s expansion in medical tourism
The following table summarizes the above empirical results.

Table 3.11: Empirical Results of the Survey

<table>
<thead>
<tr>
<th>Variables</th>
<th>Values</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Year of establishment N=10</td>
<td>a. 1976-1987</td>
<td>2 units</td>
</tr>
<tr>
<td></td>
<td>b. 1988-1999</td>
<td>2 units</td>
</tr>
<tr>
<td></td>
<td>c. 2000-2011</td>
<td>6 units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean=1998</td>
</tr>
<tr>
<td>2. Number of beds N=4</td>
<td>a. 20</td>
<td>Mean = 145</td>
</tr>
<tr>
<td></td>
<td>b. 125</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. 300</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. 135</td>
<td></td>
</tr>
<tr>
<td>3. Number of patients from abroad</td>
<td>a. 2009 N=6</td>
<td>Mean = 6.67</td>
</tr>
<tr>
<td></td>
<td>b. 2010 N=6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. 2011 N=5</td>
<td>Mean = 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean = 19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.22 patients/year</td>
</tr>
<tr>
<td>4. Option of price reduction (%)</td>
<td>a. Yes, have reduced</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>b. Remain stable</td>
<td>80%</td>
</tr>
<tr>
<td>5. State support for investment N=10</td>
<td>No</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>0%</td>
</tr>
<tr>
<td>6. Medical services offered (%)</td>
<td>a. Cosmetic surgery</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>b. Eye-care services</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>c. Orthopedic and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rehabilitation</td>
<td></td>
</tr>
<tr>
<td>N=10, multiple response</td>
<td>d. Cardiovascular services</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>e. IVF services</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>f. Dialysis services</td>
<td>30%</td>
</tr>
</tbody>
</table>

| 7. Supplementary services offered (%) | a. Hosting for close family members | 30% |
| | b. Accommodation beyond treatment | 40% |
| | c. Cooperation with hotels for accommodation | 60% |
| | d. Cooperation with travel agencies providing tourism packages | 30% |

| N=10, multiple response | a. Internet | 100% |
| | b. Advertisements in magazines | 30% |
| | c. Cooperation with travel agencies | 20% |
| | d. Advertising on television | 50% |
| | e. Mediators | 10% |
| | f. Hospitals | 20% |

| 8. Ways and means of advertising abroad (%) | a. Collaboration with mediators abroad | 10% |
| | b. No collaboration with mediators abroad | 90% |

| N=10 | a. England | 24 |
| b. Cyprus | 22 |
| c. Germany | 10 |
| d. Arabic countries | 7 |
| e. Scandinavian countries | 2 |
| f. United States | 1 |

| 9. Collaboration with mediator companies | a. Collaboration with mediators abroad | 10% |
| | b. No collaboration with mediators abroad | 90% |

<p>| 10. Country of origin and Number of patients on 2010 | a. Very little = 1 | 10% |
| b. Little =2 | 20% |
| c. Much =3 | 30% |</p>
<table>
<thead>
<tr>
<th>N=10</th>
<th>12. Why clinic’s location influence positively medical tourism (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>d. Very much =4 40% Mean=3</td>
</tr>
<tr>
<td>N=7, multiple response</td>
<td>a. Summer tourism destination 40%</td>
</tr>
<tr>
<td></td>
<td>b. Easily accessible 70%</td>
</tr>
<tr>
<td></td>
<td>c. Archaeological attractions in the vicinity 70%</td>
</tr>
<tr>
<td></td>
<td>d. Popular tourism destination 50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=10, multiple response</th>
<th>13. Reasons why the clinics initiated medical tourism (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Increase in profits 80%</td>
</tr>
<tr>
<td></td>
<td>b. Expansion of services 80%</td>
</tr>
<tr>
<td></td>
<td>c. Enter a market with higher profit margins 60%</td>
</tr>
<tr>
<td></td>
<td>d. Higher utilization of company’s resources 30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=10</th>
<th>14. Certification (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes 100%</td>
</tr>
<tr>
<td></td>
<td>No 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=10</th>
<th>15. Certification types (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. ISO 2000 40%</td>
</tr>
<tr>
<td></td>
<td>b. ISO 2008 50%</td>
</tr>
<tr>
<td></td>
<td>c. Bureau Veritas 10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=10</th>
<th>16. Clinic’s viability offering exclusively medical tourism (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Viable 40%</td>
</tr>
<tr>
<td></td>
<td>b. Not viable 60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=10</th>
<th>17. Future services’ expansion in medical tourism (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Yes, services will be expanded 50%</td>
</tr>
<tr>
<td></td>
<td>b. No, services will be unchanged 20%</td>
</tr>
<tr>
<td></td>
<td>c. No, services will be reduced 30%</td>
</tr>
</tbody>
</table>
Summarizing the results above, we can distinguish some important facts:

- It is worth to mention that among 270 private clinics, IVF and plastic surgery centers which was approached, only 22 deal with medical tourism.

- Six out of ten medical units are relatively newly-established (after 2000) or newly renovated and their capacity to accommodate patients is adequate (mean=145 beds) compared to demand (12.22 patients per year).

- The patients coming from abroad are few (in absolute numbers) but are increasing from 2009 (mean 6.67 patients) until the end of 2011 (mean=19 patients). The hierarchy of countries starting from those which send more medical tourists to Greece and ending with those which send the least medical tourists are: England (24 patients), Cyprus (22 patients), Germany (10), Arabic countries (7 patients) and Scandinavian countries (2 patients) and USA (1 patient).

- Most clinics (80%) haven’t made price reductions stating that their prices are competitive. None of them has ever received any support from the Greek state.

- The type of medical services offered are mostly cosmetic surgery (30%), orthopedic and rehabilitation (30%), dialysis (30%), eye-care (20%), cardiovascular (20%) and IVF (10%). According to supplementary services, cooperation with hotels for accommodation (60%), accommodation beyond treatment (40%), cooperation with travel agents providing tourism packages (30%) and hosting for close family members (30%) were the main options of the medical units.

- Concerning the means of advertising abroad, all clinics (100%) are advertised through internet, half of them are advertised through television (50%), some of them (30%) are advertised by magazines, few (20%) are advertised through travel agencies and hospitals and even fewer (10%) through mediators. It is worth mentioned that the vast majority (90%) of clinics have no collaboration with any mediator from abroad and only (10%) has some cooperation. Furthermore, 40 % of clinics have benefited very much from their location and 30% much (mean: 3 – “much”, which shows the important role of medical unit’s location). Among the clinics which have benefited much or very much by their location, the vast majority (70%) is due to the fact that it is easily accessible and near to archeological attractions, while 50% because it is
located on a popular tourism destination and 40% because it is located on a summer tourism destination. All clinics (100%) have certified their services and the most common certification is ISO 2008 (50%), 2nd common (40%) is ISO 2000 and other type of certification (10%) is Bureau Veritas.

- The reasons why clinics started dealing with medical tourism were the expansion of their services (80%), the increase in their profits (80%), the entrance to a market with higher profit margins (60%) and higher utilization of medical unit’s resources (30%). According to their viability offering exclusively medical tourism, the slight majority of medical units (60%) supported that it is not viable. However, half of the clinics (50%) will expand their services in medical tourism in the future, 30% will reduce these services and 20% will remain unchanged.
CHAPTER 4:
DISCUSSION, PROPOSALS AND CONCLUSIONS
4. DISCUSSION, PROPOSALS AND CONCLUSIONS

4.1 Discussion and proposals for growth of Greek medical tourism sector

Empirical results clearly demonstrate that medical tourism is highly underdeveloped in Greece (among 270 private clinics, IVF and plastic surgery centers which was approached, only 22 deal with medical tourism).

Although there are sporadic Greek private medical units, which have made steps to ensure success in their efforts through serious and professional undertaking including quality assurance, adequate infrastructure and capacity, competitive prices, variety of medical services, internet advertising and wise location selection for their clinics, still their performance (compared to the general potentiality of the Greek tourism sector) is very frustrating (12.22 patients per year). The main reasons for this failure are mostly: (a) the absence of effective networking of Greek private medical units with mediators, such as domestic and foreign travel agents, foreign doctors, foreign clinics and insurance companies (b) the lack of organized advertising of private medical units in foreign markets, (c) the fact that Greek medical units have a general ISO certification and not an international certification specific for health care organizations, (d) the total absence of Greek state in supporting-financing the private medical sector, (e) the lack of strategic orientation both from private and public sector in terms of long term planning (no foreign market analysis to target, approach and serve attractive foreign markets), (f) the negative business climate as a result from the Greek political and economic instability, continuing tax legislation changes and bureaucratic procedures regarding investments.

On the other hand, it is common knowledge that Greece is a very popular tourist destination, due to its unique natural and historical characteristics. Many beautiful beaches and magnificent landscapes, as well as numerous historical monuments, unique traditions and the “Greek” hospitality attract every year millions of tourists from all over the world. More than 150,000 km of coastline, 190,000 coasts and 6,000 large and small islands constitute a powerful lure for the visitors. According to Association of Greek tourist enterprises (2010), Greece held the 10th position in 2010 among the most popular destinations in Europe and the 17th position worldwide by attracting nearly 15 million tourists the same year. Greece has 40
airports 15 of them are international. The Athens International Airport is known as one of the best airports in the world. In 2009 it was the only European airport, which showed an increase in the number of flights.

Beyond the thousands of hotel facilities which are available to accommodate foreign visitors, Greece has also sufficient medical treatment services to make visitors feel safely. The qualified medical personnel, the highly educated Greek doctors, as well as the pleasant surroundings, in which patients receive medical services, are great advantages for Greece. Specifically, according to National Statistical Service of Greece in 2009 operated 313 public hospitals, with 54,704 beds and 27,386 doctors. These figures do not include the plethora of private hospitals and doctors which further improve the Greek facts.

From the answers given, it was apparent that many companies were newly established organizations with vision and unrelated to the conservative environment Greek companies are used to. As for the demand of services from foreign patients is yet low, so the capacity of 145 beds seems adequate for these needs. This fact is different from the deloitte description (2008:18) of 7 hospitals from abroad which are also dealing with medical tourism. Indicatively we report the largest hospital in Southern Asia, in Thailand, Bumrungrad hospital which founded on 1980 with capacity 554 beds and 400,000 international patients. A similar image represents the other 6 clinics. We can conclude that, even if they are not newly-established, however, accommodate thousands of foreign patients yearly and definitely their capacity numbers are much larger.

Secondly, the number of foreign patients, even if it is increasing, is still very low in comparison to 400,000 foreign patients that hospitals in Thailand accept each year as Teh I. and Chu C. (2005) mentioned in their report. Contrary to common trends the fewest patients are coming from USA, when 6 million US patients are estimated to have traveled abroad on 2010, in order to seek medical care as deloitte statistics (2008) mention.

Prices are already reduced in comparison to the foreign ones and therefore the vast majority of clinics haven’t done prices reductions. It is worth mentioned that all clinics exclusively sustained on their own resources due to the absence of any Greek state aid. A drawback of Greek units is the total absence of any specifically advertisement campaign to the countries where the most medical tourists come from.
One of the most popular services is cosmetic surgery because it seems easier for patients to associate it with recreational tourism. Also, rehabilitation and dialysis centers have the same demand, probably because Greece’s infrastructure in this area is adequate. Less demand is for eye-care, cardiovascular and IVF services. The most common of the supplementary services is the cooperation with hotels for accommodation and the accommodation beyond treatment time, while the supplementary services with less demand are the cooperation with travel agencies and the hosting for close family members.

Proceeding to the means of advertising, all Greek medical units of the sample are advertised via internet and some of them also through television, but all of them lack of an organized advertising campaign in foreign markets. Regarding to mediators, only one out of ten is cooperating with mediators from abroad. This fact is contrary to what Spasojevic M. and Susic V. (2010) mentioned about mediators as an important aspect on medical tourism growth and a link between foreign patients and hospitals. Furthermore, the vast majority of units has benefited much or very much from their location due to the fact that are easily accessible and near to archeological attractions and also because are located on a popular tourism destination. The fact that location aspect as a holiday destination is very important for medical tourists is also supported by Crooks V., et al (2010), who found that vacation can constitute an important factor for a patient in order to travel to another country. Finally, although all medical units have a general ISO certification, only one possesses an international certification specific for health care organizations (Bureau Veritas).

The most common reason why the most clinics started dealing with medical tourism was the expansion of their services and the entrance to a market with higher profit margins. As for business viability only with medical tourism, the vast majority of units think that they cannot be, which contradicts the billions of dollars that US patients spend yearly for medical care abroad according to deloitte (2008). Finally, half of units estimated that are going to expand their services in future.

Combining the results of the questionnaire and the drawbacks that mentioned above, it is possible to suggest a set of proposals that will further enhance the growing trend in Greek medical tourism. It is apparent that the majority of medical tourists derive from England and Cyprus. Therefore, it is advisable, that cooperation with major tour operators in these countries will lead to the creation of new packages that
will aim at middle aged and senior citizens that are probably already familiar with Greece and its attractions, but this time it will present them new opportunities as a medical and rejuvenating destination. On the other hand, although US represent the number one global market of medical tourism, in Greece the presence of US patients is nonexistent. To promote Greek medical units in the US, it is essential that quality certification from specialized organization related to medical tourism is awarded, which will create opportunities for promotion and acknowledgment both to individual patients and insurance companies that will seek the best value for their clients. Another prominent target group is medical tourists from Cyprus mainly due to common language and cultural and ethnic background as well as lack of specialized technologically advanced clinics in Cyprus.

Overall a drawback that other leaders of medical tourism have already solved and gained competitive advantage is the offering of complete and diversified packages that will include accommodation for the patient and accompanying relatives, entertainment accordingly to local attractions and tourist’s tastes, transportation for the duration of stay, information about the different options and types of medical services and a user friendly, interactive and comprehensive online booking system. Unfortunately, the majority of Greek clinics, don’t provide their patients all these services. Also there is an apparent lack of organized packages consisting of accommodation, entertainment, transportation and medical treatment. This fact is discouraging and therefore prevents many patients from visiting Greece for medical care.

In addition, the empirical results show that the vast majority of Greek medical units has already benefited by their location. This means that they managed to place strategically their clinics in places which constitute popular tourism destinations, exploiting by this way all natural riches. This fact can also motivate other medical professionals, clinics owners and investors to invest away from urban centers in places, which are able to provide medical tourists with many attractions.

Moreover, as Deloitte (2009) states, the interest for plastic surgeries is increasing, the American society for Aesthetic plastic surgery estimated that in 2007 spent $13.2 billion only for cosmetic surgeries. This fact can motivate Greek plastic surgeons to expand their services and deal with medical tourism. What’s more, according to plastic surgeons that are already dealing with medical tourism, it will be
more profitable if they use a database with all their customers’ details and inform them about special offers or new services as they become available.

A supportive legislation concerning in vitro fertilization in Greece has benefited many IVF centers that deal with medical tourism and will compel others to consider it. As Shenfield et al. (2010) mentioned in their research, approximately 70.6% Italian, 80.2% Germans, 64.5% French, 71.6% Norwegians patients are leaving their countries for legal reasons in order to seek treatment in other countries. Although in Greece there are many IVF centers able to provide their services to foreign patients, there is no organized way to approach thousands of patients from abroad. An effective way to enter the market can be the cooperation with foreign hospitals or gynecologists from the countries where IVF is illegal. Thus, foreign gynecologists can indicate to couples facing fertility problems, the solution of in vitro at specific centers in Greece. Another way is to be more active by organizing international seminars and conferences in order to promote scientific knowledge and inform that the legislation in Greece is more favorable about reproductive care issues among several European countries.

Greek state must create a business friendly environment for those investors willing to invest in Greek tourism medical sector. A fair and stable tax system, financial incentives to attract new investors, reduction of bureaucracy, simplification of the Greek Development Law, central strategic planning identifying opportunities in global tourism medical markets (foreign market analysis to target and approach attractive foreign markets) are only some examples of business friendly state behavior. Greek medical tourism must be integrated within the general strategic plan for tourism and not be isolated. The State must advertise/promote internationally not only the physical and historical attractions, but also the medical infrastructure of Greece.

Last but not least, business schools and similar oriented universities should encourage their students to research and focus in medical tourism so that more academic material is produced while promoting conferences about medical tourism to be organized in Greece so that knowledge about the subject is increased and foreign awareness about medical tourism in Greece is intensified. It is therefore essential to create a database that would include all companies (clinics, hotels and individual professionals) that are involved in medical tourism in Greece. The need for
cooperation between the ministry of health, local medical and professional associations is great so that a comprehensive map of medical tourism in Greece is created. Furthermore a campaign informing potential users of medical tourism would create an increase in companies involved. Finally international advertisement of Greece as an attractive medical tourism destination abroad while making possible for collaboration between foreign and Greek insurance organizations would lead to a flow of medical tourists as has happened to countries with similar characteristics with Greece.

Nonetheless, while a lot of effort has been placed to ensure success the results are mediocre at the best and many may reconsider their strategy although the majority will continue to put effort and resources in medical tourism. It can be said that the prospects are positive and the numbers are rising steadily although the market in Greece remains very small and tourists’ or patients’ awareness remains vogue while the market is dominated by third world countries according to deloitte (2008) which estimated that on 2007 the medical tourists in India were 450,000, 300,000 in Malaysia and 410,000 in Singapore.

4.2 Conclusions

It is common knowledge that, Greece is a very popular tourist destination, due to its unique natural and historical characteristics. Greek magnificent landscapes, as well as numerous historical monuments, unique traditions and the “Greek hospitality”, attract every year millions of tourists from all over the world. Although Greece is a “high performer”\(^1\) regarding tourism and there are all suitable conditions to combine medical services with tourism, however the figures and facts of medical tourism in Greece show a nearly nonexistent market with insignificant global influence.

The aim of our empirical research was to explore and examine the current Greek private organizations that offer medical tourism services, as well as to assess the potentiality of growth of the Greek medical tourism sector. The research took place in Greece and included 270 medical units. The results indicate that although

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\(^1\) According to the Association of Greek Tourist Enterprises (2010), Greece held the 10th position in 2010 among the most popular destinations in Europe and the 17th position worldwide by attracting nearly 15 million tourists the same year.
there are sporadic (isolated and unsupported) Greek private medical units, which have made steps to ensure success in their efforts through serious and professional undertaking, still their performance is very frustrating (12.22 foreign patients per year).

Undoubtedly, there are plenty and several improvements that should be done in Greece starting from macroeconomic policies, which will stabilize the Greek economy, and ending with micromarketing policies, which will create, promote, price and distribute the appropriate medical services of each medical unit to tourists. The principal effort should be aimed at an organized strategic synergy, between both the public (state) and private (medical units) sector, to systematic explore and exploit medical tourism opportunities in Greece.
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