



Is Thailand, the poster child for universal healthcare, ready for telemedicine?

Heavy traffic is one of the factors pressuring healthcare providers to implement on-demand digital care.

Thailand is gearing up for on-demand digital care to the next phase of its universal healthcare (UHC) programme as part of its efforts to expand the healthcare net to a rapidly growing mobile-first population. At the Bangkok Leg of the 2019 Healthcare Asia Forum, more than 40 attendees from 20 hospitals and industry players, with a speaker flying in from Singapore and an attendee from The Netherlands, exchanged ideas on how Thailand can step up its healthcare game by embracing telemedicine.

David Thomas Boucher, chief business transformation officer at Bumrungrad International Hospital, defined 'on-demand care' as disrupting the medical services market via mobile technology where services are offered on demand, resulting in an easier, more affordable and satisfying patient experience. "By adopting on demand care,

we are essentially adopting retail approaches by bringing patients and providers together via technology," he explained, highlighting how Bangkok's growing traffic problem signals a greater need for telemedicine.

Apart from needing better physician directories or implementing patient satisfaction online reviews similar to how riders would rate their Grab drivers, hospitals also need to adopt patient-friendly environments resembling a Starbucks cafe or hotel lobby to change the 'scary and professional' image of hospitals, he added.

"There are a lot of positions hospitals can take, but we should ultimately be part of the solution to not just stay competitive, but also to enhance the medical industry as a whole."

Michael David Mitchell, hospital director for Bangkok International

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Hospital, echoed the sentiment and highlighted how private hospitals in Thailand are becoming internationally competitive by digitising healthcare services.

Digitising healthcare

He added how private hospitals in Thailand have a wider range of choices compared to those in Australia, from the number of rooms patients can choose from, to the network sharing systems present in hospital operations, down to the large amount of parking spaces available at local hospitals.

"We must obviously be smart in managing costs but still get good patient outcomes, so it is vital we understand the clinic and non-clinical manpower cost structure," Mitchell said. "Telehealth is the next step, and it is also really useful for remote areas where primary care general practitioners (GPs)

MEDICAL TOURISM

Smart visa-driven medical tourism boom threatens to overwhelm Thai public hospitals

Thailand is seeing a surge in medical tourists since introducing its new smart visas in 2018 which allow visitors from several Asian countries to stay for 90 days rather than 30.

Dr. Phusit Prakongsai, acting senior advisor on health promotion at Thailand's Ministry of Health, highlighted that the number of medical tourists is expected to surge to roughly 40 million in 2019, and as a result has pressured the government to find ways in which it can control costs at both the public and private health sector fronts and still ensure quality healthcare delivery to all patients.

"We have a lot of debate on medical tourism, especially on medical government policy. From the Ministry of Finance standpoint, they will try to establish benchmark prices and stabilise costs, but from Ministry of Public Health perspective, we have the problem of limited human and infrastructure resources," Dr. Prakongsai noted. "Public hospitals such as Bangkok's King Chulalongkorn Memorial Hospital are very crowded with patients."

Part of the government's strategic plan to become a global medical hub involved loosening visa restrictions and the creation of smart visas. Extending visas from 30 days to 90 days for citizens of China along with those of Cambodia, Laos, Myanmar and Vietnam (CLMV) increased the number of treatment options given the longer duration, whilst the smart visas allowed foreign professionals within 12 categories, including one for 'affluent, medical and wellness tourism', to stay in the country for up to four years without a need for a work permit.

A report noted that in 2011, 500,000 of the 19 million visitors that came to Thailand travelled specifically for medical treatment, whereas of the 10.2 million tourists that visit Singapore each year, only 200,000 go to receive medical care. About 1.4 million international patients received medical treatment in 2012 and the number is increasing annually. A separate 2016 Medical Tourism Index noted that annually, the number of medical tourists visiting Thailand had jumped to 25 million.

Dr. Prakongsai further highlighted how keeping costs down is vital. "Our role is to try to communicate and control, from some distance, the quality and price of the services, but we are not trying to be competitive with the private sector because our roles and our responsibilities are somewhat different - we are mainly responsible for the Thai citizen."



Dr. Phusit Prakongsai, Thailand Ministry of Health

are able to provide care from their offices without having to travel hours to reach patients in rural areas. Telehealth has worked in Australia, and there is potential in Thailand."

Dr. Tullawat Pacharapha, COO of Vejthani Hospital, shared this view, adding that geographical fragmentation will be less and less significant as Thailand pushes with digitisation, especially if it takes on telemedicine.

The journey to UHC

Thailand has come a long way to get to where it is today to provide UHC to its 69.81 million population and a reputation as one of the region's leading medical tourism centres, according to **Dr. Phusit Prakongsai**, acting senior advisor on health promotion at Thailand's Ministry of Health.

From fragmented public health insurance schemes and a large uninsured population back in 1963, Thailand implemented UHC in 2002, when the country's gross domestic product (GDP) per capita stood at a mere \$1,870.

"Thailand was not, and is not, a rich country. We fall under the lower middle income country but we still managed to achieve UHC. There are a lot of predictions that the country will

not survive with its UHC programme given the rising medical costs, but we are positive that we will be able to continue this with more government initiatives, such as telemedicine."

Whilst telemedicine policies have yet to be implemented on the national level, Dr. Prakongsai said that the government is looking into more investments and getting the timing right to provide on-demand digital care to locals, expats and tourists. He further added that as Thailand's medical tourism grows, talks are underway as to how both the public and private sector can work together to maintain costs but still assure high quality care.

Private sector's role

Although Thailand has already achieved universal healthcare, there is still a big role the private sector can play to keep the country moving forward with its telehealth ambitions and overall UHC vision, according to **Chris Hardesty**, director of life sciences at KPMG.

"UHC creates a virtuous cycle in that it can provide more jobs, which leads to improved economic performance, which in turn leads to higher productivity, and so on," he explained, highlighting that

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diagnostics, which is perceived as a service that the private sector is best at providing, could be the most important part of the whole package. "Getting diagnostics right in the first instance could save a lot of costs down the road, so companies and the public sector have to work together to understand how that can help the overall system."

Upskilling and upgrading

Whilst some say that the medical industry is seeing a shortage in staff, **Major General Niwat Boonyuen**, deputy CEO of Group 4 Bangkok Dusit Medical Services (BDMS) and director of Bangkok Hospital Chiang Mai, argued that upskilling staff and providing technologies that help them work better are two of the main priorities hospitals should focus on, especially if the country is looking to embrace telemedicine. "Number of staff is not the problem. Hospitals need to prioritise training for their professionals, as well as finding ways to get patients involved in their treatments. Communication, especially with international patients, is important as more and more patients want to understand what is happening, and why," he explained. *Arianna Danganan*