

USCIPP annual market update: 2017–2018

March 9, 2020

Tricia Johnson, PhD

Research Director, US Cooperative for International Patient Programs
Professor and Associate Chair of Research & Education, Department of Health Systems Management, Rush University
Director, Rush Center for the Advancement of Healthcare Value

Callie Lambert

Research Manager, US Cooperative for International Patient Programs

Jarrett Fowler, MPPA

Senior Manager, US Cooperative for International Patient Programs

Peter Mougey

Business Analyst, US Cooperative for International Patient Programs

U * S * C * I * P * P

US COOPERATIVE FOR INTERNATIONAL PATIENT PROGRAMS

US Cooperative for International Patient Programs (USCIPP)
17 North State St Suite 1530, Chicago, IL 60602, United States
uscipp.net | uscipp@nchl.org

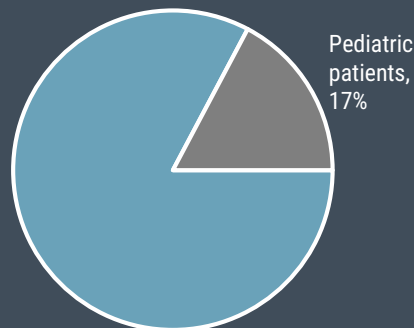
The US Cooperative for International Patient Programs (USCIPP)—an organizational membership program of the National Center for Healthcare Leadership—is an association of 64 American hospitals and health systems that share a focus on providing care to international patients, cross-border education and training programs, management and consulting services to hospitals and governments abroad, and various other forms of international collaboration in healthcare.

USCIPP's 2017–2018 Annual Survey of International Patient Programs in the US surveyed 57 member hospitals and health systems with established international programs. Recognizing these 57 members comprise most, but not all, US hospital and health systems with established international health programs, this benchmarking survey is best considered as a lower bound for the actual size of the US market. The goal of this survey is to allow respondents to benchmark their international program operations against those at peer institutions through the data and insights garnered from this report. Due to the diverse group of member organizations, USCIPP's survey is also able to distinguish pediatric versus adult services, which permits even stronger benchmarking capabilities.

The annual USCIPP member survey collected information about services offered, financial metrics, operational metrics, and patient volumes. Additionally, the survey results provided insights into international program structures and geographic regions of home residence for patients traveling to the US for care. The following figures summarize key findings from USCIPP's 2017–2018 annual survey.

Of the 57 hospitals that participated in the survey, 64% of their international programs were established prior to 2011, and 22% were established prior to 2000. Overall, 23% were standalone pediatric hospitals. The vast majority of international programs provide comprehensive services to support patients traveling to the US, including scheduling and coordinating patient appointments; interpretation services; travel facilitation, such as air and ground transportation and hotel bookings; and translation services.

57,190 unique international patients reported by 50 organizations



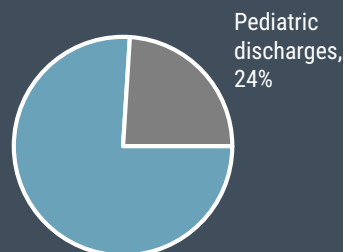
\$2.0 billion

in gross revenue (based on charges)

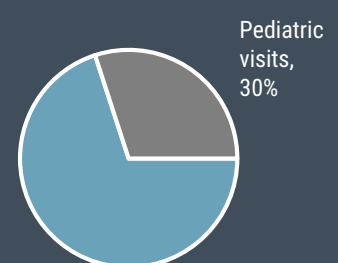
60%

reported volume increases year-over-year

9,414 inpatient hospital discharges reported by 34 organizations



87,350 outpatient visits reported by 34 organizations



International programs surveyed employed a total of 1,199 full-time equivalent (FTE) staff members, with a median of 8.5 FTE staff members per program. Positions in international programs included:

- Non-clinical support staff, such as coordinators, schedulers, and patient referral liaisons
- Clinical support staff, such as nurses, case managers, and social workers
- Financial and account services staff
- Medical directors
- Interpreters
- Program directors
- Out-of-country business development representatives

International patients are referred to US hospitals and health systems via numerous pathways. For both new and returning patients, the most common referral sources were, in order, self-referral, referral from a payer, word-of-mouth, and referral from a physician outside of the United States. These four referral sources accounted for 80% of respondents' patient volumes. The most common payment sources for international patient care included foreign embassy and government sponsorship, international commercial insurance coverage, and self-payment. These three payment sources alone accounted for over 83% of total international patient charges between July 2017 and June 2018.

The most common service lines for international patients were:

Rank	Adult patients		Pediatric patients	
	Inpatient care	Outpatient care	Inpatient care	Outpatient care
1	Cardiology	Cancer care	Cancer care	Cancer care
2	Cancer care	Internal medicine	Cardiology	Cardiology
3	Orthopedics	Cardiology	Digestive health	Neurosciences
4	General surgery	Radiology	General surgery	Orthopedics
5	Neurosciences	Neurosciences	Neurosciences	Radiology
Top 5	57% of total	57% of total	54% of total	40% of total

The top five countries of home origin for international patients were:

Rank	Adult patients			Pediatric patients		
	Unique patients	Inpatient care	Outpatient care	Unique patients	Inpatient care	Outpatient care
1	Canada	Kuwait	Mexico	United Arab Emirates	United Arab Emirates	United Arab Emirates
2	China	Mexico	Saudi Arabia	Kuwait	Kuwait	Kuwait
3	Mexico	Saudi Arabia	Kuwait	Saudi Arabia	Saudi Arabia	Saudi Arabia
4	Kuwait	Canada	Venezuela	Mexico	Qatar	Qatar
5	United Arab Emirates	Venezuela	Canada	Bermuda	Mexico	Mexico

While all USCIPP member organizations had a focus on the provision of medical care to international patients, many were actively engaged in cross-border collaboration and training. The most common modes of international collaboration were:

- International observerships (75% offering)
- Short courses in the United States (59% offering)
- International advisory and/or consulting services (51% offering)
- Fellowships for international clinicians or managers (44% offering)
- Joint ventures with an organization abroad (27% offering)

An important mission of USCIPP's member hospitals is cross-border collaboration and training, working with health systems in other countries to share knowledge, technology, and medical advances. Through this international work, other countries have substantially improved their healthcare services and are able to treat less complex cases at home; the US remains a world leader in healthcare and a first choice for patients from around the world, especially in treating the most medically complex patients.