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# PRIVATE HOSPITALS ASSOCIATION

STRATEGY BASED BUSINESS PLAN

July 13, 2008

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# **PRIVATE HOSPITALS ASSOCIATION**

## **STRATEGY BASED BUSINESS PLAN**

USAID JORDAN ECONOMIC DEVELOPMENT PROGRAM

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### **DISCLAIMER:**

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# DEVELOPING A STRATEGY BASED BUSINESS PLAN

By Sharon Goldsmith<sup>1</sup>

## EXECUTIVE SUMMARY

This report describes the process used by the Private Hospitals Association to develop a business plan for its organization as well as the collateral activities that resulted in the development of a consensus conference, a job description for a new PHA Executive Director and a PHA Reference Manual on Medical Tourism that describes the international environment for medical tourism and how hospitals in Jordan should approach opportunities to increase their medical tourism services.

Support for the development of the business plan and resource manual was provided through USAID/SABEQ who retained Dr Sharon Goldsmith, from Plexus Consulting Group LLC, a Washington DC based international firm that specializes in assisting trade and professional associations. Dr. Goldsmith worked with PHA leaders to assist them in creating the plan and explore opportunities related to medical tourism. The support granted to the Private Hospital Association by USAID, is in line with USAID/SABEQ's objectives of supporting and enhancing the capacity and effectiveness of the PHA towards achieving its vision in being recognized as one of the main supporting organizations of healthcare services providers in Jordan.

Private Hospitals Association (PHA) is a private voluntary, non-profit organization that was established in 1984 representing the private hospitals interest in Jordan. The Private Hospitals Association (PHA) membership comprises Independent Private Hospitals of Jordan. Thirty eight of the 57 Private hospitals in Jordan are PHA members.

SABEQ and The PHA signed an MOU in March 2007 to establish linkages and define a roadmap for collaboration in the Medical Services Sector – Private Hospitals Segment. The MOU called for SABEQ to assist PHA in a number of areas. These included the development of a business plan, assistance with promoting Jordan as a destination for medical tourism, the development of improved standards for private hospitals, including the adoption of existing accreditation programs for hospitals

The assignment under this TOR was to assist PHA to develop a strategy-based business plan. The business plan was to take into account best practices in healthcare association management and programs and reflect member needs as defined by market research. The business plan development process was to include a mechanism for obtaining reactions to the plan from key stakeholders. As a secondary element, the project also called for providing assistance to help PHA educate and assist its member hospitals understand how they might participate in medical tourism. After the beginning of the project, the scope of work was amended to include a few additional tasks. These included, developing a job description for the anticipated PHA Executive Director position, developing a resource manual of salient information regarding medical tourism that PHA could share with its members and designing a consensus conference and developing a press release describing the conference and the outcomes of the project.

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<sup>1</sup> Sharon Goldsmith Ph.D. is a consultant for Plexus Consulting Group, a Washington, DC based consulting firm ([www.plexusconsulting.com](http://www.plexusconsulting.com)). She has worked with trade and professional associations throughout the world helping them design and implement strategic plans, business plans, marketing programs, educational programs, standards for products, facilities and personnel subsequent certification and accreditation systems.

The full scope of work was completed over a five week period. The deliverables are summarized below and are included as Appendices to this report.

- Designed and facilitated a process to help PHA Board of Directors create a business plan that reflects the thinking of PHA stakeholders. The final version of the Business Plan was formally approved by the PHA Board of Directors at the conclusion of the consultancy.
- Provided benchmarking information and technical assistance (through a formal workshop and through on-going consultations) to PHA to assist it in agreeing on key strategic approaches to its business plan including models for increasing membership, increasing power and influence, increasing revenues and creating new revenue opportunities.
- Designed and facilitated a consensus conference to allow PHA to get feedback on the Business Plan from diverse stakeholders. Nearly 80 individuals were invited to the conference and 53 attended.
- Created a detailed job description and set of responsibilities for the position of PHA Executive Director. Provided technical assistance on models for how Associations operate, including optimal Executive Director level (and types of) responsibility, governance versus management approaches and other issues to assist the PHA in optimizing the resources that will be potentially available through an Executive Director.
- Designed and created a Medical Tourism Reference Manual that is designed to be a dynamic and systematic analysis of key information and recommendations that can be used by PHA, its members and other organizations in Jordan that are interested in understanding/participating in international medical tourism.

The PHA business plan will serve as a roadmap for the future of the organization. The goals specified in the business plan are directed both at what the organization needs to do to serve the hospitals that are its members, and what the hospitals need to do to make sure patients receive the best care possible.

Key goals for the plan are:

- Enhance the quality and safety of services hospitals are providing to patients;
- Improve the financial efficiency of member hospitals;
- Improve operations, human and physical resources of PHA and its capacity to provide services for its members;
- Increase the membership of the PHA;
- Encourage more favorable government regulations and policies for private hospitals;
- Increase opportunities for member hospitals to be competitive internationally;
- Improve the image, role and participation of the PHA and its members in the community.

The business plan is realistic and has the strong commitment of the PHA leadership. It is expected that PHA will need additional assistance from SABEQ in order to implement some of the activities outlined in the plan, including help in developing programs that can be sources of non dues revenue. PHA's perspectives regarding medical tourism and the capacity of some of its members to provide services are very realistic. However SABEQ will need to assist PHA and other stakeholders in the medical and tourism communities in order to promote a sustainable program of medical tourism that will be significant enough to positively impact Jordan's economy and workforce.

## **BACKGROUND OF THE PRIVATE HOSPITALS ASSOCIATION (PHA)**

### **Description of PHA**

Private Hospitals Association (PHA) is a private voluntary, non-profit organization that was established in 1984 representing the private hospitals interest in Jordan. The Private Hospitals Association (PHA) membership comprises Independent Private Hospitals of Jordan, 38 of the 57 Private hospitals in Jordan are PHA members.

As noted in it's by- laws PHA objectives are:

- To ensure that Jordanians are empowered with personal choice and rapid access to affordable hospital care of the highest quality.
- To increase the competitiveness of the Jordanian private hospitals locally, regionally and internationally.
- To promote and protect the interests of private hospitals, their owners and operators, and to proactively interact with members, to ensure private hospitals continues to be dynamic in meeting the ever-changing needs of the Jordanian community.
- To strive in achieving acceptance by governments of a comprehensive role for private hospitals in their desire to provide a full range of health care services and their commitment to adequate self-regulation and review - thus ensuring the highest standards in quality care.

To achieve these objectives, the PHA will

- Initiate, foster and maintain a consultative, cooperative and communicative approach to dealing with governments, other health and health-related organizations, media, community groups and the public.
- Act as 'the' principal coordinating and peak lobbying body for private hospitals.
- Encourage and facilitate united positions among member and non-member private hospitals, as well as all other relevant bodies, to achieve consensus in the policies and issues advanced.
- Promote and recognize the highest professional and ethical standards, health service delivery achievements and innovative medical and non-medical treatments for the betterment of patient and community wellbeing.

PHA is structured as a trade association, that is, its members are the hospitals, not the individuals working in hospitals. There is a seven member Executive Board. The PHA by-laws provide strong involvement of member hospitals in decision making through a General Assembly that is required to meet at least once per year and more often if time sensitive or urgent matters need to come before it. Membership in PHA cuts across all of the private hospitals in Jordan. There is representation in both the organization and on the Board from the very small hospitals to the largest and wealthiest private hospitals in Jordan. Likewise, there is broad geographic representation in the organization; the by-laws require that at least one of the board members represent a hospital outside of Amman. PHA appears to be inclusive of, and sensitive to, the needs of all its very diverse membership.

PHA is the only association representing hospitals in Jordan. Although Jordan also has public hospitals, military hospitals, charity hospitals and academic hospitals, none of these other types

of hospitals have an association representing them. As such, PHA has been seriously considering whether it should be expanding its membership to include some or all of these other types of hospitals. The business plan calls for them to study the feasibility of such expansion in a systematic manner. There is lack of agreement among the current members of the Board as to whether this is a good idea. Likewise the consultant has advised them that there are both advantages and disadvantages to becoming more inclusive, the advantage being clearly increased revenue and increased authority within the health care community but the disadvantage being potential dilution of the core mission and a demand for more, and often competing types of services that PHA may be unable to satisfy.

PHA Board members appear to have ready access to government officials and in fact one of the current members of the Board is a member of the Parliament.

PHA currently has no full time paid staff, although the chairman of the PHA Board uses staff from his hospital such as his secretary to assist in some of the administrative functions of running the association.

Dues include a one time initiation fee and then an annual fee based on the number of registered hospital beds (10JD per bed) in member hospitals.

### **SABEQ/PHA Relationship**

SABEQ and The PHA signed an MOU in March 2007. As noted in this MOU, “the Private Hospitals Association (PHA) approached SABEQ in an effort to establish these critical ties and define a roadmap for collaboration in the Medical Services sector – Private Hospitals Segment. From our understanding PHA as one of the key players in the Medical Services sector and a partner for creating sustainable growth and development in the Medical Services / Medical Tourism Sector – Private Hospitals Segment.

Many of the PHA founding members were extensively involved in the actual development of the Medical Services Sector Strategy for attracting incoming patients.

The MOU “is ... a response to PHA’s request for assistance to strengthen the Association, its constituent members and, through them, the hospitals segment as a whole. It is meant to provide a clear outline of how SABEQ and the PHA can work together as partners to upgrade Jordan’s Medical Services / Medical Tourism Sector, enhancing productivity and increasing economic opportunities for Jordanians.”<sup>2</sup>

The MOU further states that “The SABEQ foresees an active role for the Private Hospitals Association in providing services to assist Jordanian private hospitals in their quest to enhance the quality of services provided, increase their market access through incoming patients and develop medical professionals and supporting personnel standards to comply with international standards and certification. Therefore, as a prerequisite to any follow on assistance SABEQ will work with PHA to clearly develop a Business plan that identifies these development and value added services.”

The MOU called for SABEQ to assist PHA in a number of areas. These included the development of a business plan, assistance with promoting Jordan as a destination for medical tourism, the development of improved standards for private hospitals, including the adoption of existing accreditation programs for hospitals.

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<sup>2</sup> The full MOU is Appendix A of this report

## **ASSIGNMENT OBJECTIVES AND APPROACH**

The assignment under this TOR was to assist PHA to develop a strategy-based business plan. The business plan was to take into account best practices in healthcare association management and programs and reflect member needs as defined by the market research. The business plan development process was to include a mechanism for obtaining reactions to the plan from key stakeholders. As a secondary element, the project also called for providing assistance to the PHA in one specific area of their plan that is the development of a strategy for helping PHA educate and assist its member hospitals understand how they might participate in medical tourism. After Dr Goldsmith arrived in Jordan, the scope of work was expanded to include a few additional tasks. These included, developing a job description for the anticipated PHA Executive Director position, developing a resource manual of salient information regarding medical tourism that PHA could share with its members, designing and facilitating a consensus conference to get stakeholder input regarding the draft business plan and developing a press release describing the conference and the outcomes of the project.

### **Market Research**

As a first step in developing this business plan, Plexus Consulting Group provided suggestions to Dajani Consulting, a market research consulting firm in Amman, Jordan to help them create a questionnaire that would be fielded to all private hospitals in Jordan. Dajani Consulting was contracted to conduct the market research directly by SABEQ. Dajani determined that conducting individual in person interviews would be the best way of collecting data. Questions focused on two areas:

- One was to collect demographics about the hospitals with a focus on assessing their current and future capacity for participating in medical tourism. In this regard, questions attempted to collect data on the types of patients they served, the type of medical procedures they provided, their involvement in serving non Jordanian patients and the geographic demographics of their staff, the level of credentials staff had and where they were obtained.
- Additionally, the survey also collected data on the level of services they were getting and wanted to get from PHA and their level of satisfaction with PHA services. Perspectives of both members and non members were analyzed.

Dajani Consulting presented the findings to PHA Board, SABEQ project leader and this consultant at an initial meeting. While the results were of general interest, PHA Board members believed that the findings confirmed what they already knew and that the findings did not present any new information that would be especially helpful in guiding the development of the business plan

The detailed results of this market research are available directly from Dajani Consulting in Amman.

### **Analyzing the Strategic Environment**

After reviewing the results of the market research, the PHA Board identified the following key aspects of the Private Hospitals Association's strategic environment through strategic considerations of factors internal and external to PHA that affect PHA's ability to fulfill its mission. The discussion reached consensus on the following strengths and weaknesses of PHA



as an organization and environmental opportunities for, and threats to, PHA that are currently or are likely to affect their association and their members in the future

#### Strengths

- Strong and committed leaders
- Good representation of private hospitals in Jordan
- High rate of membership
- The only association that represents hospitals in Jordan
- Good cooperation between private hospitals, government/Ministry of Health and other stakeholders
- Well represented in healthcare councils and committees

#### Weaknesses

- Not enough full-time employees
- No authority over members
- Limited influence over members
- Limited financial resources

#### Opportunities

- Membership could be higher, more inclusive
- Future expansion to include additional private hospitals, other hospitals and allied providers
- Medical tourism can be expanded
- Trends toward privatization
- Post-graduate MD training--hospitals being recognized as teaching hospitals
- Good opportunity to improve profits
- Accreditation
- Society's image of how we serve the community should be improved

#### Threats

- Sector is not well regulated
- Insurance companies are lobbying against raising prices for hospital services
- Other sectors compete with PHA (such as military and university)
- Tax system compromises profits that hospitals have
- Competition from neighboring countries for medical tourists

### **Benchmarking Best Practices in Healthcare Associations**

The Plexus consultant, Dr. Sharon Goldsmith, benchmarked several U.S. based health care associations prior to coming to Jordan. They included the American Hospital Association, the American Medical Association, the American Society for Healthcare Human Resource Administrators, the American Dental Association, the American Association for Clinical Chemistry, the American Psychological Association and the American Speech- Language Hearing Association. These associations were chosen because of their similarity to PHA on at least one key factor, had policies and approaches which were determined to be useful for PHA to consider and also because Dr Goldsmith had worked with key leaders in all of these associations and was able to access salient information to share with PHA. Benchmarking information was presented in a formal lecture to the PHA Board but, and more importantly, was shared with PHA as specific issues and approaches to include in the business plan were being discussed. The formal benchmarking lecture Power Point presentation is attached as Appendix B.

## **Creating the Draft Business Plan**

Five Strategic Planning Meetings were held to consider the results of the market research and benchmarking exercise, environmental analysis and develop a draft strategic business plan. All PHA Board members attended at least two of these meetings with the majority of the Board members attending every meeting. They revised the mission and vision statement for the organization and created a draft plan that contained seven key goals that served as a framework for the subsequent objectives, tactics and activities. The draft plan also included for each activity a statement of who is responsible for completing the activity, when the activity is to be completed, what resources are needed and what will be the measure outcome that will define if the activity has been successfully completed.

## **Holding a Consensus Conference**

The draft business plan was shared with key stakeholders at a consensus conference at which PHA members and representatives from related organizations reviewed, analyzed, and changed (if appropriate) each goal, action and task detailed in the draft plan.

Almost 80 people were invited to the conference, of which 53 attended. The participants included representatives of hospitals that are members of PHA, as well as representatives of nursing, hospital accreditation and other groups. Mr. Lindsey Wellons, Acting SABEQ Chief of Party, opened the conference by welcoming the participants and reaffirming USAID's commitment to support programs that will provide ever-improving health services in Jordan. PHA Chairman, Dr. Fawzi Al-Hammouri, CEO and General Manager of Specialty Hospital in Amman reviewed the process that resulted in the draft business plan and reviewed the goals that had been selected to be included, Dr. Sharon Goldsmith then described how the participants would divide into working groups to review the document and provide comments.

The Consensus Conference introduced the rationale for the plan, the methodology used to develop the plan and the contents of the plan. Each participant received a copy of the draft PHA Business Plan. Consensus Conference participants worked in small groups to examine specific assigned sections of the Plan to confirm its contents or offer suggestions for changes. The findings from each of the small groups were presented at the Conference for further reactions and comments.

The Consensus Conference strongly supported the goals, objectives and most of the activities in the draft PHA Business Plan. Suggestions were made to eliminate the objective that related to a pre-post analysis of the number of licensed health care professionals as this was perceived to be outside the scope of PHA, to re-write some of the language to provide more emphasis on patient quality and safety and to clarify some of the activities and outcomes. It was also recommended that PHA explore raising money by charging higher annual fees or realigning the formula it uses for assess annual fees; (formula to be based on total hospital revenue rather than number of hospital beds). These suggestions were incorporated into the final PHA approved version of the Business Plan

In summary the consensus conference achieved its three critical goals

- To provide key PHA stakeholders with an opportunity to be introduced to and provide comments regarding the draft PHA Business plan

- To improve the quality of the PHA business plan by providing an opportunity for input that accurately and realistically reflects environmental contexts including stakeholder needs and diverse thinking
- To improve the image of the PHA by demonstrating its interest in and responsiveness to the opinions of its stakeholders.

Presentation used by the consultant at the consensus conference is in Appendix C.

Consensus conference agenda and sample instructions to small groups are in Appendices D, E and F.

### **Finalizing the Business Plan: Overview of the Final PHA Business Plan**

The PHA Board received a summary and analysis of the comments from the Consensus conference (prepared by Dr. Goldsmith) and participated in another facilitated planning session to further refine the draft plan based on this information. On June 25, 2008 Board of Directors of PHA reviewed all the comments from the consensus conference and modified the business plan to reflect most of these comments. They then formally approved the PHA Business Plan.

This plan will serve as a roadmap for the future of the organization and describes the actions the association must undertake to enable it to fulfill its mission of providing the best possible care for patients throughout Jordan.

As a first step, the Board adopted the following mission and vision statements:

#### PHA Revised Mission:

To assist members in providing integrated high quality health care services to their patients and building the hospitals' capacity to become globally competitive.

#### PHA Revised Vision:

To be the leading representative of Jordanian hospitals and the main supporting organization in helping them become globally competitive.

(Note: This mission and vision did not radically shift from the current PHA vision and mission but rather reconfirmed basic concepts and clarified some of the existing language.)

The goals specified in the business plan are directed both at what the organization needs to do to serve the hospitals that are its members, and what the hospitals need to do to make sure patients receive the best care possible.

Key goals for the plan include:

- Enhance the quality and safety of services hospitals are providing to patients;
- Improve the financial efficiency of member hospitals;
- Improve operations, human and physical resources of PHA and its capacity to provide services for its members;
- Increase the membership of the PHA;
- Encourage more favorable government regulations and policies for private hospitals;
- Increase opportunities for member hospitals to be competitive internationally;
- Improve the image, role and participation of the PHA and its members in the community.

Detailed listing of objectives, tactics and activities follow each goal. In addition, activities are segmented into person responsible, timeline for completion, resources needed and measure of success. Therefore for business plan also provides a detailed action plan to guide its implementation.

The full business plan is found Appendix G.

### **Position Description for PHA Executive Director**

A key element to achieving the goals, objectives, tactics and activities in the PHA Business Plan will be PHA's ability to secure a competent Executive Director. Many of the activities in the Business Plan are directly assigned to be accomplished by an Executive Director. PHA also anticipates hiring two and administrative level staff to assist this individual. A position description was created by the consultant based on best practices in how Executive Directors work, including the scope and nature of their responsibilities. This description was discussed and ultimately approved by the PHA Board. The full position description is found in Appendix H.

### **Reference Manual for PHA: Building Medical Tourism in Jordan**

The process of developing the business plan resulted as well in the development of a resource manual for use by PHA members that describes the international environment for medical tourism and how hospitals in Jordan should approach opportunities to increase their medical tourism services.

The manual is intended as a source document providing a basic understanding of Medical Tourism as it exists today in the world, and published forecasts of where it is going. The forecasts are for worldwide growth—it is impossible to predict how the overall growth will be translated into local opportunity as each country and medical provider and tourist bureau will implement and change its own behaviors as volume increases. The Internet is full of information about medical tourism, and the manual collects a generous but not exhaustive sample of these resources. A number of books have also been published on medical tourism, from the medical professional and medical tourist perspectives—but the manual contains information about some of these.

The manual provides information about Medical Tourism from a variety of perspectives—from the macroeconomic to the specific and from large scale analyses, to the websites of specific providers and tour companies. Overall, it provides a picture of a global shift in health care services targeted to those that can afford to travel to other locations for specific health services, or must travel to other location to access services more economically than in their home locations.

The manual is divided into specific areas. These are

1. Definitions
  - a. What is Medical Tourism?
  - b. What are Types of Medical Tourism?
2. The Medical Tourism Marketplace

3. The Customers
4. Payors: ("Payors" are the businesses or government agencies that pay for medical care for their customers, citizens or employees.)
5. Medical Tourism Companies
6. Examples of Medical Tourism Agencies
7. The Medical Tourism Marketplace-The Countries
8. Positions and Policies of Third Party of Payors on Medical Tourism
9. How Major Medical (AMA) and Hospital Associations (AHA) Approach Medical Tourism
10. Medical Tourism Trade Shows (Partial List)
11. Approaching the Market: Ideas for the Private Hospital Association to Consider
  - a. Apply the Blue Ocean/Red Ocean Strategy in Medical Tourism
  - b. Defining Niches in Which Jordan Can Compete Economically and Effectively
  - c. Expanding Jordan's International Medical Business Vision
12. Selected Resources

This reference manual will be housed on the PHA website and updated regularly by PHA staff. It is designed to serve as a focal point to draw people to the PHA website, which is badly in need of updating and can also serve as a focus for sponsors to provide advertising.

Placement on the website then addresses three of the key elements in the PHA business plan:

- Providing information to members on medical tourism;
- Improving the web site;
- Attracting non dues revenue in the form of sponsorships.

The entire Medical Tourism Reference Manual is in Appendix I.

## **CONCLUSIONS AND RECOMMENDATIONS**

The Business Plan approved by PHA reflects a comprehensive and realistic plan for PHA for the next four years. Additional specific technical assistance in Association management will be required in order for the PHA to ultimately be able to implement some of the activities in its business plan. As defined in the PHA Business Plan, assistance in marketing, public relations, conference planning and staff development will be required.

SABEQ should provide technical assistance that provides opportunities for PHA to explore how to team with other trade associations in healthcare internationally in order for PHA staff and Board to learn first hand those international best practices for implementing several of the actions in the business plan. Several health care associations, certainly in the U. S., that routinely offer scholarships for members of sister organizations to participate in training events, and who will provide a variety of no cost technical assistance, in the form of grants and personnel through formal MOUS with" sister organizations" internationally. SABEQ should

consider expending its support for PHA Board members while they are in the U.S. in September to also arrange for them to meet with key decision makers in like associations in the U.S. As an example, several of the major healthcare associations are in Chicago, which can easily be a stop over on the Amman to San Francisco routing. Meetings with the American Hospital Association, the American Medical Association, The American Dental Association, and the American Society for HealthCare Human Resource Administrators can easily be arranged and ways for working together can be explored.

SABEQ will be providing PHA with a one year grant to support the costs of the salary for the PHA CEO. In addition, SABEQ should identify and support a local (or if this is not possible) an international mentor with expertise in association management for the Executive Director during this first year.

The large number of attendees at the conference (53) and the spirited discussions confirms the level of stakeholder interest in and support for the PHA. The Consensus Conference strongly supported the goals, objectives and most of the activities in the draft PHA Business Plan. Suggestions were made to eliminate the objective that related to a pre-post analysis of the number of licensed health care professionals as this was perceived to be outside the scope of PHA, to re-write some of the language to provide more emphasis on patient quality and safety and to clarify some of the activities and outcomes. It was also recommended that PHA explore raising money by charging higher annual fees or realigning the formula it uses for assess annual fees; (formula to be based on total hospital revenue rather than number of hospital beds). These suggestions were incorporated into the final PHA approved version of the Business Plan.

Several factors that are keys to successful implementation of the business plan are outside the direct control of the PHA membership--for example support for medical tourism must be put in place by Jordan's Department of Tourism. Desired changes in tax and other financial incentives for hospitals will require support from organizations outside of PHA.

The process to create legislation to create a system of medical malpractice as summarized in the PHA Business Plan is an issue of key importance to PHA. However, this process is likely to be controversial and difficult and fraught with unintended consequences. As a result, such a process will have to be carefully considered and have the benefit of experts in this area that represent variety of perspectives and experiences in creating such systems.

PHA will need to develop an infrastructure, most significantly hiring a competent Executive Director with authority to fulfill the job responsibilities as outlined in the job description and implement the actions defined in the business plan. The job description eventually approved by the PHA Board is realistic and conforms to best practices in how Executive Directors of trade associations operate with one notable exception (which the consultant has already repeatedly shared with the Board). This exception is that the Board is refusing to consider the Executive Director as an ex-officio member of the Board, rather they intend to invite the Executive Director to Board meetings on an "as – needed" basis. Such policies do not encourage open lines of communication and in addition suggest that the Board may have problems relinquishing, or even sharing some of its authority and power with executive staff. While this is a very common problem in association management, it none the less is one that impedes effective Association functioning.

PHA's plan to direct the Executive Director to implement new programs that will immediately generate enough revenue to support Association salaries and other costs is not a realistic short term goal. It generally requires two to three years for Association programs to generate enough

revenues to fully support these costs. While SABEQ has agreed to support the salary of the Executive Director for one year, PHA should immediately begin to seek other types of sponsorships or grants for year two and three, rather than assume that there will be sufficient profit created from Association activities (such as conferences or trade shows) to support salaries in the short term.

Jordan's expectations for participating in Medical Tourism appear very realistic and achievable. Several of the PHA member hospitals have already received internationally recognized accreditation and have the appropriately credentialed staff and state-of-the art equipment and facilities to compete in this market. PHA is very realistic that many of its members are not interested in and have more pressing concerns than this initiative and are being appropriately careful to balance the interests of the larger private hospitals against the interest and needs of the smaller and less resourced member hospitals. This balance of interests and needs is appropriately reflected in the activities outlined in the business plan.

The Medical Tourism Reference Manual is only a very modest start based on only a few days of work. Additional resources should be expended to enhance the information in the Manual. A methodology for keeping it updated needs to be established. This activity is included in the PHA business plan but will likely need some additional support. Ideally the Manual, as it was developed for PHA, should be kept on the PHA website, updating it is expected to be done by PHA staff. As noted above, there are many advantages to PHA to do this. However, if this does not prove feasible, SABEQ may want to identify another home for this resource, including placing it on the SABEQ website.

The Jordanian Government should create an infrastructure to create a systematic approach to encourage medical tourism through a system of regulatory and financial incentives and coordinate and integrate governmental and private interests across all of the sectors (Health, Education, Tourism, Financial and others) that will need to participate in order for Jordan to grow its participation in the international medical tourism marketplace.

A parallel private industry consortium should be created, consisting of hospitals, tourist boards, independent providers and others who are promoting medical tourism. Such an entity can develop coordinated marketing efforts for Jordan, and offer services to consortium members such as hosting a website, aligning Jordan entities to appropriate international partners and instituting a referral system to link patients with appropriate sources of care. SABEQ should consider working with key partners such as PHA to encourage such a system is organized. SABEQ should initially support it through providing technical expertise for business planning and program development, helping them identify best practices etc and providing grants to cover start up costs. However SABEQ can reasonably expect that this system would become self sustaining and draw profits from the services it was providing.

Jordan's focus for medical tourism is on attracting international patients. The vision can be broadened to include provision of other medical services that rely on Jordan's well-trained workforce to health care facilities outside Jordan. This might include clinical laboratory reference testing, radiology and pathology services, manufacturing of dental prosthetics and other high-value medical services.

Additional recommendations for attracting medical tourists and positioning Jordan in the rapidly growing medical tourism marketplace are outlined in the last section of the Medical Tourism Reference Manual. Found in Appendix I.

## **APPENDIX A: PHA/SABEQ MOU**

### **Memorandum of Understanding**

between

**Private Hospitals Association**

and

**Sustainable Achievement of Business Expansion and Quality  
(SABEQ)**

September, 2007



## Memorandum of Understanding

**Private Hospitals Association – PHA** represented by its Chairman and,

The USAID-funded **Sustainable Achievement of Business Expansion and Quality (SABEQ)** Program, represented by its COP

Hereinafter referred to as "Partner(s)", agree to cooperate in several issues of significance for enhancing productivity and creating jobs in Jordan.

### 1.0 Introduction and Background

The USAID-funded **Sustainable Achievement of Business Expansion and Quality (SABEQ)** program is a broad economic development initiative implemented by BearingPoint, Inc. comprising a team of international and Jordanian partner firms. By both supporting improvements in the business environment and providing assistance to expand innovation and productivity in well established and high potential Jordanian businesses, SABEQ supports the private sector—Jordan's companies, innovators and entrepreneurs—to become a powerful engine of economic growth.

The support to be orchestrated by SABEQ during the project period will be delivered in close coordination with a select group of Jordanian partner organizations. Initial partners were chosen based on their actual or potential contribution to SABEQ's overarching goals. Organizational partners for subsequent SABEQ activities will be selected based on demonstrated results.

**Private Hospitals Association (PHA)** is a private voluntary, non-profit organization that was established in 1984 representing the private hospitals interest in Jordan. The Private Hospitals Association (PHA) membership comprises Independent Private Hospitals of Jordan and its membership covers around 50% of all private hospitals

PHA objectives are:

- To ensure that Jordanians are empowered with personal choice and rapid access to affordable hospital care of the highest quality.
- To increase the competitiveness of the Jordanian private hospitals locally, regionally and internationally.
- To promote and protect the interests of private hospitals, their owners and operators, and to proactively interact with members, to ensure private hospitals continues to be dynamic in meeting the ever-changing needs of the Jordanian community.
- To strive in achieving acceptance by governments of a comprehensive role for private hospitals in their desire to provide a full range of health care services and their commitment to adequate self-regulation and review - thus ensuring the highest standards in quality care.

To achieve these objectives, the PHA will

- Initiate, foster and maintain a consultative, cooperative and communicative approach to dealing with governments, other health and health-related organizations, media, community groups and the public.
- Act as 'the' principal coordinating and peak lobbying body for private hospitals.
- Encourage and facilitate united positions among member and non-member private hospitals, as well as all other relevant bodies, to achieve consensus in the policies and issues advanced.
- Promote and recognize the highest professional and ethical standards, health service delivery achievements and innovative medical and non-medical treatments for the betterment of patient and community wellbeing.

## **2.0 Priorities of the SABEQ – Private Hospitals Association MoU**

In March 2007, the Private Hospitals Association (PHA) approached SABEQ in an effort to establish these critical ties and define a roadmap for collaboration in the Medical Services sector – Private Hospitals Segment. From our understanding PHA as one of the key players in the Medical Services sector and a partner for creating sustainable growth and development in the Medical Services / Medical Tourism Sector – Private Hospitals Segment.

Many of the PHA founding members were extensively involved in the actual development of the Medical Services Sector Strategy for attracting incoming patients with the support of the JV 2020 programs.

This document is presented as a response to PHA's request for assistance to strengthen the Association, its constituent members and, through them, the hospitals segment as a whole. It is meant to provide a clear outline of how SABEQ and the PHA can work together as partners to upgrade Jordan's Medical Services / Medical Tourism Sector, enhancing productivity and increasing economic opportunities for Jordanians.

## **3.0 Specific Areas of Cooperation and Partnership Roles**

The activities that will be covered and the commitment of each partner are outlined in the following table.

### **Activity one: Business Plan**

<b>Title</b>	<b>Description</b>	<b>SABEQ Commitment</b>	<b>Counterpart Commitment</b>	<b>Time frame</b>
<b>Business Plan</b>	SABEQ foresees an active role for the Private Hospitals Association in providing services to assist Jordanian private hospitals in their quest to enhance the quality of services provided, increase their market access through incoming patients and develop medical professionals and supporting personnel standards to comply with international standards and certification. Therefore, As a prerequisite to any follow on assistance SABEQ will work with PHA to clearly develop a Business plan that identifies these development and value added services	SABEQ will provide technical assistant (international and local consultants) to support the sub activities planned for developing the PHA strategy and Business plan.	By the completion of this initial support of facilitating the development of the business plans of PHA, the Association is expected to demonstrate commitment to increasing its resources for long-term, cross cutting organizational reform and institutional transformation.  SABEQ will measure the success of its support by the ability of PHA business plan to identify an effective role for PHA in increasing the competitiveness of private hospitals and by the buy-in of the Association's members of this new role  PHA needs to provide information and facilitate SABEQ's role in tracking progress.	<i>Oct. 2007</i>
Association's Capacity baseline assessment	As a part of the Business Plan development, a rapid baseline assessment will be conducted for the PHA.	SABEQ will work with Jordanian and international consultants to conduct the rapid baseline assessment to determine the association's capacity and effectiveness in each of six areas: (i) governance, (ii) service delivery, (iii) external relations and advocacy, (iv) operations and systems management, (v) financial resources and sustainability, and (vi) human resources.	1.Demonstrate commitment toward implementing the upgrading activities resulted from the baseline assessment  2. Demonstrate commitment to achieve the targets for identified indicators stated and agreed upon with SABEQ in the signed	<i>Oct. 2007</i>

		<p>The results of this assessment will inform SABEQ's decision on where – and whether – to apply further resources.</p>	<p>compacts under this MoU. Also, provide information and facilitate SABEQ's role in tracking these indicators through their M&amp;E tools.</p>	
Members Survey	<p>Despite of the potential role of the association, PHA still needs help to better prioritize, plan and organize its activities and programs to successfully achieve its goals and to effectively manage its limited resources . and as a first step for developing PHA Business Plan, SABEQ will help the Association in clearly identifying the areas where PHA can more effective in enhancing the private hospitals competitiveness.</p>	<p>SABEQ will engage a consultant to work with PHA to conducting a survey to members of the association and private hospitals in general to identify what services and skill sets are needed to be covered by PHA.</p>	<ol style="list-style-type: none"> <li>1. Provide information and facilitate SABEQ's role in tracking progress.</li> <li>2. PHA should demonstrate commitment to allocate the required resources to successfully implement the related activities to (in-kind, HR, cost sharing ...etc)</li> </ol>	Oct. 2007
<b>Knowledge Management Framework</b>	<p><b>SABEQ will support the association to continuously conduct and update market information for members and potential members through the development of knowledge management Framework</b></p>	<p>SABEQ will engage international consultant to work with PHA on designing, and developing a Knowledge management frame work. This will include building the capacity of related staff</p>		
<b>Develop an Action Plan</b>	<p><b>SABEQ will help in developing Action Plan to address those specific sector services and skill sets needs identified in the assessment as areas in need of strengthening. The action plan may include new membership services, advocacy activities, fee for services programs, the application of information technology, small business services and greater involvement of youth and women</b></p>	<p>SABEQ will engage a consultant to develop the action plan in conjunction with PHA.</p>		Dec. 2007

## Activity Two: Capacity Building

Title	Description	SABEQ Commitment	Counterpart Commitment	Time frame
<i>Capacity Building</i>	Upon completion of the business plan and a positive determination that PHA can play a key role in supporting enhancing the competitiveness and growth of medical services provided by Jordanian private hospitals. SABEQ will be engaged in different Capacity building activities directed for PHA.	SABEQ support will be directed toward building the capacity of PHA to become self sustaining and provide value added services to its members. This might include: cross sector training services, technical assistant to improve systems and procedures of PHA and facilitating the implementation of revenue generating activities	Demonstrate commitment toward the partnership and implementation by allocating the required resources to (in-kind, HR, cost sharing ...etc)	<i>Feb. 2008</i>
<b>Cross Sector Training: Business Association Seminar Series</b>	SABEQ is aiming at maximizing the benefits across the priority sectors through the implementation of cross sectoral services and areas of support to meet common needs of more than one sector when possible. This applies to training services that can be easily integrated	<p>As a part of Cross Sector Training, SABEQ will help PHA to develop curriculum to guide courses in key skills, technologies, management practices, and other areas that are of interest to business associations across sectors</p> <p>PHA members would be invited to actively participate in these seminars, both to gain knowledge of best practices and to impart it to business associations across sectors. Potential subjects might include:</p> <p>Networking Events and "Soft Skills" Training</p> <ul style="list-style-type: none"> <li>▪ Web Communications</li> <li>▪ Good Governance</li> <li>▪ Policy Advocacy</li> <li>▪ Effective Knowledge Management</li> <li>▪ Fund Raising</li> </ul>	<p>Allocating the required resources to (in-kind, HR, cost sharing ...etc)</p> <p>Demonstrate commitment toward building awareness of members and extending benefits</p> <p>Demonstrate commitment to implement progressive reform initiatives that lead to sustainability and relevance of PHA.</p> <p>2Demonstrate commitment to achieve the targets for identified indicators stated and agreed upon with SABEQ in the signed compacts under this MoU. Also, provide information and facilitate SABEQ's role in tracking these indicators through their M&amp;E tools.</p>	<i>continuous</i>

<b>Industry Practices Survey</b>	<p><b>Best</b></p> <p>As part of SABEQ work on building the PHA capacity to become self sustaining and provide value added services to its members. Services will be supporting enhancing the competitiveness and growth of medical services provided by Jordanian private hospitals, SABEQ will support PHA in identifying Industry Best Practices and in defining their role in advancing its implementation among members</p>	<p>SABEQ will facilitate Quality standards implementation partnerships between PHA and other related institutions and will provide technical assistant needed to survey the best practices for Hospitals medical services with the goal of pinpointing those practices that can have the greatest positive effect on enhancing the competitiveness of Jordanian Private hospitals.</p>	<p>Feb.2008</p>
<b>Implementation of International Best practices and standards services</b>	<p><b>Following the industry best practices survey and as part of SABEQ support to increase the PHA credibility and enhancing their capacity in delivering value added training services SABEQ will support conducting Two awareness campaigns on International best practices for PHA members</b></p>	<p><b>SABEQ support will include engagement of international consultant and financial support to conduct the two events</b></p>	<p>March-June, 08</p>
<b>Improve Systems and Procedures</b>	<p>PHA's sustainability depends upon the ability of the organization to service its members in a consistent, effective and efficient manner regardless of changes in staff and management. This requires the introduction of policies, procedures and in some cases IT tools. Gaps can be determined through the continuous evaluation of existing systems and capacities</p>	<p>SABEQ will work with PHA to re-evaluate systems and procedures to strengthen the managerial capacity of the association to enhance its performance.</p>	<p>continuous</p>

### Activity Three: Policy Development and removal Of Constrains

Title	Description	SABEQ Commitment	Counterpart Commitment	Time frame
<b>Policy Development and Removal of Constraints</b>	As part of the efforts toward supporting PHA to act as 'the' principal coordinating and peak lobbying body for private hospitals and with the aim of increasing PHA credibility and strengthening its advocacy role SABEQ will be engaged in supporting the development of positions papers on main policies and constraints that affect the competitiveness of the sector	SABEQ support will include engaging international and local consultants to benchmark best practices and recommend actions for Jordan. This can also be developed in tandem with direct Policy Advocacy training or technical assistance to upgrade the PHA's capacity to quantify and communicate legal and regulatory constraints that affect the sector	PHA should demonstrate commitment to allocate the required resources to successfully implement the related activities (in-kind, HR, cost sharing ...etc)	Oct. 2007
Malpractices Law and Malpractices Compensation system	This activity aims at enabling PHA leadership and member hospitals to better discuss and advocate the private hospitals needs based on solid practical markets requirements. This would identify the right base and model to proceed with amending the draft Medical Practices law	SABEQ will provide technical assistance to provide PHA with the necessary research information and background to improve the legal and regulatory framework for handling malpractices based on analysis of current legal situation and current compensation system and benchmarking best practices and successful experience that might be of a value to the Jordanian case.	Provide information and facilitate SABEQ's role in tracking progress Commitment to act as 'the' principal coordinating and peak lobbying body for private hospitals. Encourage and facilitate united positions among member and non-member private hospitals, as well as all other relevant bodies, to achieve consensus in the policies and issues advanced.	Oct. 2007
Policy and Advocacy function within PHA	SABEQ will work with PHA to establish a research and policy advocacy function within the association.	SABEQ support will include building-up the PHA capacity to quantify the costs of government constraints and communicate them effectively to the GoJ and other stakeholder institutions	Demonstrate commitment to achieve the targets for identified indicators stated and agreed upon with SABEQ in the signed compacts under this MoU. Also, provide information and facilitate SABEQ's role in tracking these indicators through their M&E tools.	Jan. 2007
<b>Other Position Papers</b>	<b>SABEQ will work with PHA to prioritize issues and align its position with its long term strategy and goals for the sector</b>	<b>As needed, SABEQ may provide additional technical assistance to develop position papers and upgrade PHA's capacity to develop them in house as new needs and issues arise.</b>		Continuous

#### **4.0 Areas for Potential Grant Assistance**

- 5.0 Any grant assistance from SABEQ will be contingent upon completion of the business plan and a positive determination that PHA can play a key role in enhancing the competitiveness and growth of medical services provided by Jordanian private hospitals.
- 6.0 Under SABEQ an USAID program guidelines, SABEQ is not able to directly fund salaries for administrative or program support staff. If SABEQ determines there are areas in which PHA may add real value, SABEQ will carefully evaluate grant applications from PHA that affect the competitiveness and growth of medical services provided by Private Hospitals

#### **7.0 Contingencies and Other Areas of Potential Collaboration**

- 8.0 SABEQ will provide support on the basis of the counterpart's willingness to act in good faith in fulfilling its commitments. Should the beneficiary not be willing or able to deliver on these commitments, SABEQ will reevaluate its continued support under this memorandum of understanding.
- 9.0 PHA Obligations include:
- Allocate the resources required (in-kind, HR, cost sharing ...etc) from the Association for the successful implementation of the SABEQ partnership. This will be identified in each compact that is developed to implement each of the initiatives mentioned in this MoU.
  - Demonstrate commitment to implement progressive reform initiatives that lead to sustainability and relevance of PHA. This will be measured through two indicators that are considered the metrics for measuring and assessing association' performance. These are:
    1. Revenue Ratio: where the Association demonstrates a continuous increase of the percentage of revenues from activities other than membership fees and grants.
    2. Membership\market measures: where the association demonstrates continuous increase in the % of market penetration.
  - Demonstrate commitment to achieve the targets for identified indicators stated and agreed upon with SABEQ in the signed compacts under this MoU. Also, provide information and facilitate SABEQ's role in tracking these indicators through their M&E tools.

Should this partnership prove highly beneficial towards the overall goals of enhancing productivity and creating jobs in Jordan, the partnership may be expanded in through an addendum or additional MoU. Such an addendum or MoU would reflect the additional roles and responsibilities of both partners in an expanded partnership.

#### **10.0 Signatures**

Approved:

SABEQ:

AmCham:

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Signature

Date

Signature

Date

**11.0 Witness**

USAID:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **APPENDIX B: BENCHMARKING PRESENTATION TO PHA**

(Originally presented as a PowerPoint Presentation)

### TRADE VERSUS MEMBERSHIP ORGANIZATIONS

#### KEY ELEMENTS IN ANY ASSOCIATION

##### GOVERNANCE

Structure

Role of Board

Role of staff

Role of other committees

##### SCOPE OF AUTHORITY- WHO DOES ASSOCIATION REPRESENT AND FOR WHAT PURPOSE

Scientific

Educational

Political/advocacy

Quality- Standards for member organizations

Accreditation : Systems for judging which members meet these standards and publicly recognizing them

##### PRIMARY ACTIVITIES

Should be based on who association represents and purpose

Infrastructure

How to collect revenue to support what you want to do

##### POWER and IMAGE

Of the association -- of the members it represents

## **APPENDIX C: CONSENSUS CONFERENCE AGENDA**



### **PHA BUSINESS PLAN CONSENSUS CONFERENCE**

**Kempinski Hotel, Amman**

**Monday, June 23, 2008**

**5:30- 8:30**

#### **AGENDA**

- |             |  |
|-------------|--|
| <b>5:30</b> | <b>Registration</b>  |
| <b>6:00</b> | <b>Welcoming Remarks by Mr. Lindsey Wellons, Acting Chief of Party</b>   |
| <b>6:10</b> | <b>Welcoming Remarks and Overview of the PHA business planning process and draft PHA Business Plan by Dr. Fawzi Al-Hammouri, Chairman of the Private Hospitals Association</b> |
| <b>6:50</b> | <b>Explanation of assignments to Focus Groups by Dr. Sharon Goldsmith, USAID Jordan Economic Development (SABEQ) Consultant</b>  |
| <b>7:00</b> | <b>Individual Focus Group discussions regarding Business Plan</b>  |
| <b>7:30</b> | <b>Presentations of the discussions from each group and general comments</b>   |
| <b>8:15</b> | <b>Concluding Remarks by Dr. Fawzi Al Hammouri</b>   |
| <b>8:30</b> | <b>Dinner</b>  |

## **APPENDIX D: INSTRUCTIONS**

### **PHA Business Plan Consensus Conference**

#### **Instructions for small group discussions**

- 1. Each group is to decide on a spokesperson**
- 2. Role of the group spokesperson:**
  - **Facilitate the discussion among the members of the group so that all opinions are heard**
  - **Record any ideas from individuals on this form. All opinions should be recorded, it is not necessary for all the members of the group to agree on a point for the opinion to be recorded.**
  - **Summarize the discussions of the group before all the participants of the consensus conference**
  - **Provide the completed worksheets to Dr. Goldsmith**
- 3. Each group will be assigned one goal in the Draft PHA Business Plan to examine.**
- 4. Each group will also be asked to evaluate and provide suggestions on their assigned goal and the related objectives, tactics and activities, person(s) responsible, resources, timelines and evaluation measure.**

**Each of these elements should be evaluated based on the following questions:**

- **Is the language clear?**
- **Are the elements appropriate for PHA as an Association?**
- **Are the elements important for the PHA membership and/or for patients?**
- **Are the elements realistic for PHA to accomplish within the time frame of the business plan?**
- **If not, what would you change and how would you change it?**
- **What would you add?**

## **APPENDIX E: SAMPLE WORKSHEET**

### **Consensus Conference Sample Worksheet**

(Note: A separate worksheet was prepared for each of the seven goals.)

#### **Instructions for Small Group Discussions:**

#### **Objectives, Tactics, Activities for GOAL 1**

Each group has been assigned one goals to look at. Your group is asked to look at:

#### **GOAL 1:**

#### **ENHANCE THE QUALITY OF SERVICES HOSPITALS ARE PROVIDING TO PATIENTS**

Please evaluate the objectives, tactics, activities, person(s) responsible, time lines and measure of success and other information in the business plan as it relates to this goal. These can be found on **pages 4-5** of the Draft PHA Business Plan

As you discuss the information in this section of the Draft PHA Business Plan think about-

- Is the goal, each objective, each tactic and each activity, tactic and other implementation information provided understandable?
- Is it appropriate for PHA to accomplish?
- Is each activity and information provided to accomplish the activity realistic?

Based on the thinking of the members of the group, please complete the following information. Please write in any ideas any group member has. It is not necessary to achieve consensus in order to include an idea.

#### **GOAL 1**

**Do you agree with this goal?**

**If not, what modifications in this goal do you suggest and why?**

## **OBJECTIVES**

**Do you agree that these objectives will achieve this goal?**

**If not, please list which objectives you disagree with and why.**

**What modifications in the objectives do you suggest and why?**

**What Objectives would you add?**

## **TACTICS**

**Do you agree that each of the tactics will achieve the objective they are designed to address?**

**If not, please list those that you disagree with and why.**

**For each tactic that you disagree with, please explain what changes you would make- such as deleting a tactic, substituting a new tactic or modifying the language in an existing tactic.**

**What tactics would you add?**

## **ACTIVITIES**

**Do you agree with each of the activities and the description of the persons responsible, timelines, resources needed and measure of success listed under each activity?**

**If not, please list those that you disagree with and why.**

**For each item that you disagree with please explain what changes you would make- such as deleting or changing an activity, changing the description of the persons responsible, timelines, resources needed and measure of success.**

**What other items would you add?**

**What other changes or modifications do you recommend in this section of the business plan?**

## **APPENDIX F: PHA BUSINESS PLAN -FINAL**

**Private Hospitals Association  
PHA**

**Business Plan  
2008 – 2011**

**FINAL**

**Approved by PHA Board of Directors  
June 25, 2008**



## **PHA Business Plan**

### **SWOT (Strengths/Weaknesses/Opportunities/Threats) Analysis**

#### **Strengths**

- Strong and committed leaders
- Good representation of private hospitals in Jordan
- High rate of membership
- The only association that represents hospitals in Jordan
- Good cooperation between private hospitals, government/Ministry of Health and other stakeholders
- Well represented in healthcare councils and committees

#### **Weaknesses**

- Not enough full-time employees
- No authority over members
- Limited influence over members
- Limited financial resources

#### **Opportunities**

- Membership could be higher, more inclusive
- Future expansion to include additional private hospitals, other hospitals and allied providers
- Medical tourism can be expanded
- Trends toward privatization
- Post-graduate MD training--hospitals being recognized as teaching hospitals
- Good opportunity to improve profits
- Accreditation
- Society's image of how we serve the community should be improved

#### **Threats**

- Sector is not well regulated
- Insurance companies are lobbying against raising prices for hospital services
- Other sectors compete with PHA (such as military and university)
- Tax system compromises profits that hospitals have
- Competition from neighboring countries for medical tourists

## **PHA Business Plan**

**June 25, 2008**

### **Summary of Goals**

**GOAL I: ENHANCE THE QUALITY AND SAFETY OF SERVICES HOSPITALS ARE PROVIDING TO PATIENTS**

**GOAL II: HELP IMPROVE THE FINANCIAL EFFICIENCY OF MEMBER HOSPITALS**

**GOAL III: IMPROVE OPERATIONS, HUMAN AND PHYSICAL RESOURCES OF PHA AND ITS CAPACITY TO PROVIDE SERVICES**

**GOAL IV: INCREASE THE NUMBER OF MEMBERS OF PHA**

**GOAL V: ENCOURAGE MORE FAVORABLE GOVERNMENT REGULATIONS AND POLICIES FOR PRIVATE HOSPITALS**

**GOAL VI: INCREASE OPPORTUNITIES FOR MEMBER HOSPITALS TO BE COMPETITIVE INTERNATIONALLY**

**GOAL VII: IMPROVE THE IMAGE, ROLE AND PARTICIPATION OF THE PHA AND ITS MEMBERS IN THE COMMUNITY**

**GOAL I: ENHANCE THE QUALITY AND SAFETY OF SERVICES HOSPITALS ARE PROVIDING TO PATIENTS**

**GOAL I / OBJECTIVE I**

**Promote the use of accreditation standards that promote quality assurance**

**Tactic:**

**Encourage hospitals to seek accreditation from the HCAC (Health Care Accreditation Commission)**

**Activities:**

**A: Seek sources of funding for hospitals to support costs of accreditation (application fees, staff, and consultants to prepare application)**

Person responsible: PHA Executive Director

Due Date: June, 2009

Resources needed: Expert in grant writing

Measure of success: Hospitals will have funding they require to complete accreditation process and pay required accreditation fees

**B. Organize an orientation level workshop that would discuss the benefits of accreditation and the process of accreditation from the perspective of the hospital administrator and hospital staff**

Person responsible: PHA Executive Director and Board Chair

Due Date: December, 2008

Resources needed: PHA members who have attained accreditation, PHA Executive Director (to organize logistics)

Measure of success: Hospitals will have seek HCAC accreditation

**C. Identity experts in accreditation to assist hospitals prepare their self study documents that is required to be submitted as part of the accreditation process**

Person responsible: PHA Executive Director and Board members who have gone through the process

Due Date: September, 2008

Resources needed: PHA members who have attained accreditation, PHA Executive Director (to organize logistics)

Measure of success: Number of hospitals who apply for and then obtain HCAC accreditation

## **GOAL I / OBJECTIVE II**

**Provide training and other quality improvement activities that promotes quality services**

**Tactic: Provide training to hospitals in the following areas: infection control, patient safety, facility management and safety**

**Activity: Identify trainers and work with them to define curriculum**

Person responsible: PHA Executive Director and Board members

Due Date: Ongoing, starting September, 2008

Resources needed: Funds to pay for content matter experts who can provide the training

Measure of success: One training event on at least one of the above subjects will be held in each quarter

**Tactic:**

**Improve the skill levels of hospital administrators and key management staff**

**Activities:**

**A. Conduct a course for hospital managers that can lead to certification as certified hospital managers by the American College of Physician Executives**

**B. Identify and help secure content matter experts in selected topics to provide lectures**

**C. Organize training schedule and logistics**

Person(s) responsible: PHA staff

Resources needed: expert in hospital administration training and funds to support conduct of the course and pay for expert

Due Date: December, 2008

Measure of success: Course will be conducted. At least 50% of people who take the certification examination at the conclusion of the course will become certified

**Tactic: Provide training on Quality Standards to Hospital Administrators**

**Activity: Partner with Jordanian Society for Quality**

Person(s) responsible: PHA staff and Board

Resources needed: Training experts from Jordanian Society for Quality

Due Date: October, 2009

Measure of success: Established relationship with Society with signed MOU

## **GOAL II: HELP IMPROVE THE FINANCIAL EFFICIENCY OF MEMBER HOSPITALS**

### **GOAL II / OBJECTIVE I**

**Prevent detrimental changes in the tax system**

**Tactic: Advocate against tax increases**

**Activities:**

- A. Meet with relevant authorities in the Taxation Bureau and the Ministry of Finance**
- B. Prepare materials to convince lawmakers of PHA's position**
- C. Form strategic alliances with key industry groups – pharmaceutical industry**

Person (s) responsible: PHA Board chair and Board members

Resources needed: none

Due Date: ongoing

Measure of success: Tax code changes will favor hospitals

### **GOAL II / OBJECTIVE II**

**Decrease costs of utilities (such as electricity, water, fuel) for hospitals by educating hospital staff how to conserve utilities and use alternative energy sources**

**Tactic: Provide information about how to contain costs and conserve utilities and use alternative energy sources**

**Activity: Run awareness sessions for management and relevant staff on how to contain costs and conserve utilities and use alternative energy sources**

Person (s) responsible: PHA staff

Resources needed: qualified instructors

Due Date: one session every six months

Measure of success: Session will be held as scheduled and PHA members are adequately represented

### **GOAL II / OBJECTIVE III:**

**Decrease costs of equipment and medical appliances and disposables and medications and other supplies without compromising the quality of the products**

**Tactic: Establish a central purchasing committee to create unified tenders to pool purchasing**

**Activities:**

- A. Inform members about the program and invite members to participate in committee**

**B. Recruit members for the central purchasing committee**

Person (s) responsible: PHA Staff

Resources needed: None

Due Date: July, 2009

Measure of success: Committee will be operational by July 2009

**Tactic: Committee will develop tenders after defining needs of the PHA members**

**Activities:**

**A. Circulate draft tenders for feedback among PHA members**

**B. Solicit offers**

**C. Select suppliers that best meet tender criteria**

Person (s) responsible: PHA staff and committee members

Resources needed: None

Due Date: July, 2009

Measure of success: Costs on tendered items will be decreased by an average of 10 - 20%

**Tactic: Encourage cooperation among hospitals to reduce unnecessary replication of costly medical equipment for example have hospitals share cardiac cath labs, scanners or expensive laboratories –genetics, molecular diagnostics**

**Activity**

**A. Hold a meeting to discuss the benefits of such cooperation**

**B. Hospitals providing the equipment would offer discounts to other hospitals**

Person (s) responsible: PHA staff and Board members

Resources needed: None

Due Date: ongoing

Measure of success: Hospitals create MOUs to share equipment

**GOAL II / OBJECTIVE IV**

**Increase reimbursement provided by third party payers.**

**Tactic: Renegotiate fee schedules for patient services with third party payers to ensure that hospitals are fairly paid for their services**

**Activities:**

**A. Share data with payers on actual costs**

**B. Cooperate with Insurance Bureau in Jordan**

Person (s) responsible: Financial committee and PHA Board and CEO

Resources needed: None

Due Date: On-going

Measure of success: Reimbursements will be indexed to rate of inflation

## **GOAL II/ OBJECTIVE VI**

**Study the possibilities of having protections for private hospitals when services are provided to patients who can not, or who choose not, to pay for them**

**Tactics: Investigate if there is an insurance company that will cover these losses**

**Investigate how hospitals in other countries address this problem**

### **Activities**

**A. Discuss this with PHA members and with insurance companies in Jordan**

**B. Conduct web searches of other Hospital Associations and insurance companies in other countries**

Person (s) responsible: Executive Director

Resources needed: None

Due Date: On-going

Measure of success: Options for having these protections, if they exist, will be identified and information shared with the PHA members

**GOAL III: IMPROVE OPERATIONS, HUMAN AND PHYSICAL RESOURCES OF PHA AND ITS CAPACITY TO PROVIDE SERVICES**

**GOAL III / OBJECTIVE I**

**Increase Number of PHA staff**

**Tactic: Hire an Executive Director (ED) and 2 administrative assistants**

**Activities:**

- A. Develop job description for the ED;**
- B. Design an interview process for the ED that includes a Selection Committee,**
- C. Appoint selection Committee to make a recommendation to the Board;**  
**the ED should be agreed to by the PHA Board**
- D. Orient new staff to PHA goals, expectations, procedures and processes**

Persons Responsible: PHA Board

Resources Needed: SABEQ funding to pay for CEO only for Year 1. (There will be no additional SABEQ funding for this objective after year one.) PHA will need to identify how additional staff costs will be paid for

Due Date: Personnel hired by December, 2008

Measure of Success: Staff will be hired by end of 2008. Funding for staff salaries for subsequent years will be identified by end of 2008

**GOAL III / OBJECTIVE II**

**Complete renovations and equipping of new PHA office space**

**Tactic: Define space needs *and* equipment needs**

**Activities: Lease space; Purchase new equipment such as computers, projectors, furniture**

Persons Responsible: CEO and office manager/consultant with appropriate vendor input

Resources Needed: No additional resources needed

Due Date: by end of 2008

Measure of Success: Office operational with all equipment

Meeting space is available in the new office that can be used by members



### **GOAL III / OBJECTIVE III**

#### **Raise non-dues revenues**

##### **Tactic: Identify and pursue other revenue sources**

##### **Activities:**

##### **A. Organize conferences and exposition for medical community**

Persons Responsible: Staff, consultants and organizers

Resources Needed: Conference/exposition management consultant; SABEQ funding

Due Date: First conference to be held February, 2010

Measure of Success: Conference will be held on schedule and conference revenues will offset costs.

##### **B. Create and sell sponsorship opportunities**

Persons Responsible: Board and staff

Resources Needed: Promotional materials to explain benefits of sponsorship

Due Date: April, 2009

Measure of Success: 10% of total revenue from events will come from sponsorships December, 2009; 20% of total revenue from events will come from sponsorships by December 2010

##### **C. Generate revenue from planned training programs and workshops by securing relevant industry sponsors and/or charging registration fee**

Persons Responsible: Staff

Resources Needed: None additional

Due Date: On-going

Measure of Success: 10% of total revenues of the PHA will come from training programs by December, 2009; 20% by December 2010

##### **D. Solicit grants and donations from vendors such as medical equipment companies and other sources**

Persons Responsible: Board

Resources Needed: None

Due Date: On-going

Measure of Success: 5% of total revenues of the PHA will come from grants and donations by December, 2009

### **GOAL III/ OBJECTIVE IV**

**Investigate increasing revenue for PHA through changing membership fees after discussion and approval of the general assembly**

**Tactic:**

- A. Explore if it would be more desirable/feasible to increase annual membership fee from 10 JD per bed to 20 JD per bed per year**
- B. Explore if it would be desirable/ feasible to change the annual membership fees so it is based on some formula other than number of beds in a hospital**

**Activities:**

- A. Speak with members of PHA to get their ideas including possibilities for changing membership fees and level of support for these possibilities**
- B. Study how other associations determine membership fees through web site searches and discussion with other Executive Directors**
- C. Conduct cost/ benefit analysis of the preferred options and present them to the membership**

Persons Responsible: Executive Director and Board chair

Resources Needed: None

Due Date: Report on possible options for changing fee structure and their costs and benefits will be presented to General Assembly by June 2009

Measure of Success: General Assembly will have an opportunity to discuss this report and provide their opinions to the Board

## **GOAL IV: INCREASE THE NUMBER OF MEMBERS OF PHA**

### **GOAL IV / OBJECTIVE I**

**Non-members will understand the benefits of membership in PHA**

**Tactic: Create packages of benefits for PHA members such as charging them lower fees than non members to attend conferences, providing member only access to certain sections of the PHA web site**

#### **Activities:**

- A. Identify benefit packages that members will care about by talking with PHA members and by looking at practices from other associations**
- B. Study how other associations create and manage these benefits**

Persons Responsible: PHA Executive Director and Staff

Resources Needed: none

Due Date: PHA Board will be presented with a report outlining proposed benefits packages for their approval by June 2009

Measure of Success: Member benefits packages will be in operation by August 2009

**Tactic: Create and distribute information about the benefits of membership in PHA**

#### **Activities:**

- A. Seek public relations and marketing consultants to define the contents and look of the brochure, suggest other materials, and to advise on how to communicate about PHA**
- B. Produce and distribute an awareness brochure about PHA: who it is, what it does, benefits of membership etc**
- C. PHA Board members will meet with non-members to explain benefits of membership**

Persons Responsible: PHA Board and Staff

Resources Needed: Funding for consultants and brochures

Due Date: Immediately and on-going

Measure of Success: Annual increase in membership while retaining 100% of current members.

**Goal IV/ Objective II:**

**Explore the advantages and disadvantage of opening membership to other types of hospitals, other health care facilities, medical centers and other potential members.**

**Tactic: Study the structure of similar associations in other countries**

**Activity:**

- A. Use on-line resources and results from SABEQ benchmarking presentation to identify models used by other hospital associations**
- B. Communicate with staff and Board members from other hospital associations to get their opinions regarding the advantages and disadvantages and advice regarding opening up membership**

Persons Responsible: PHA Staff

Resources Needed: None

Due Date: June 2009

Measure of Success: Formal report summarizing this information and recommendations for consideration b the General Assembly

**Tactic:**

**Educate PHA members on advantages and disadvantages of opening membership to other types of hospitals, other health care facilities, medical centers and other potential members.**

**Activity:**

**Provide a workshop on the findings to all PHA members**

Persons Responsible: PHA Staff

Resources Needed:

Due Date: June 2009

Measure of Success: PHA membership will agree to an action plan outlining next steps

## **GOAL V: ENCOURAGE MORE FAVORABLE GOVERNMENT REGULATIONS AND POLICIES FOR PRIVATE HOSPITALS**

### **GOAL V / OBJECTIVE I**

**Establish formal advocacy processes and structures in PHA to ensure consistent, effective advocacy that represents the consensus of the members**

**Tactic: Organize a government affairs committee**

#### **Activities:**

- A. Develop a process for prioritizing and completing advocacy activities**
- B. Create an annual advocacy plan that can identify and respond to advocacy opportunities**
- C. Develop position papers defining positions and outlining message points to be used in advocacy activities**

Persons Responsible: PHA Board

Resources Needed: Government affairs consultant

Due Date: Committee assigned by December, 2008; process defined and published to members at first 2009 General Assembly meeting

Measure of Success: Publication of advocacy plan; successful advocacy activities

### **GOAL V / OBJECTIVE II**

**Simplify the process that allow Hospitals to advantage of the exemption from taxes for renovations under the investment law**

**Tactic: Cooperate with Investment Board, Finance Minister and related financial departments**

**Activity: Hold meetings between PHA Board members and Investment Board members and other officials and staff**

Persons Responsible: Board

Resources Needed: None additional

Due Date: On-going

Measure of Success: Changes in tax regulations

**Tactic: Educate members about their rights under the investment law**

#### **Activities:**

- A. Hold a workshop for members**
- B. Place information from workshop on PHA website**

Persons Responsible: Government Affairs Committee and PHA members who are knowledgeable about the investment law

Resources Needed: None additional

Due Date: On-going

Measure of Success: Members will understand their rights under the investment law

### **GOAL V / OBJECTIVE III**

**Exempt non-medical services provided in hospitals and out-patient medicines distributed in hospitals from sales tax**

**Tactic: Meetings with Parliament and Ministry of Finance**

**Activity: Board visits**

Persons Responsible: Board

Resources Needed: None additional

Due Date: On-going

Measure of Success: Changes in tax regulations

### **GOAL V / OBJECTIVE IV**

**Amend the governmental private hospital By Laws**

**Tactic: Convince members of Parliament and Ministry of Health staff of the benefits of reforming government regulations affecting private hospitals.**

**Activity: Board visits to key government officials and staff**

Persons Responsible: Board members

Resources Needed: Position statements and talking points (See Goal V / Objective I)

Due Date: On-going

Measure of Success: Changes in tax regulations that are favorable to private hospitals

**Tactic: PHA must be represented on Government Hospital Inspection Committees**

**Activity: Hold meetings with key government officials and staff**

Persons Responsible: Board Chair

Resources Needed: None

Due Date: On-going

Measure of Success: Designated seat on Inspection Committees for PHA

**Tactic: Government to establish minimum distance requirements for hospitals to parallel minimum distance requirements currently in place for pharmacies**

**Activity: Hold meetings with key government officials and staff**

Persons Responsible: Board members and Executive Director

Resources Needed: Position statements and talking points

Due Date: To be determined

Measure of Success: Minimum distance requirements for hospitals are same as for pharmacies

## **GOAL V / OBJECTIVE V**

**PHA members will understand all of the relevant laws in the Ministry of Health that apply to PHA member hospitals**

**Tactics: Educate PHA members about all the relevant laws in the Ministry of Health**

### **Activities**

**A. Conduct workshops for PHA members about the relevant laws**

**B. Develop a process to monitor changes in the law and inform PHA members of these changes**

Person Responsible: Government Affairs Committee and Executive Director

Resources Needed: None

Due Date: Ongoing

Measure of Success: Workshops are held, members evaluate them well, updated information is provided to members as appropriate in a timely manner.

**GOAL VI: INCREASE OPPORTUNITIES FOR MEMBER HOSPITALS TO BE COMPETITIVE INTERNATIONALLY**

**GOAL VI / OBJECTIVE I**

**Encourage member hospitals to achieve internationally recognized accreditations**

**Tactic: Define which accreditations are most appropriate to achieve PHA goals**

**Activity: Provide information on accreditation options to members along with the benefits, effort required and costs of each**

Persons Responsible: Local consultants or International expert on accreditation if local consultants are not available

Resources Needed: Funding to hire expert if needed

Due Date: January, 2009

Measure of Success: At least two additional PHA member hospitals commit to seeking international accreditation

**GOAL VI / OBJECTIVE II**

**Support creation of an internationally acceptable medical liability insurance system in Jordan**

**Tactics: Continue to participate with the Physician's Syndicate, Jordan Medical Council and the Ministry of Health to create malpractice laws regarding medical liability insurance**

**Activities:**

- A. Provide advice when asked;**
- B. Continue as a member of the committee that is writing the law;**
- C. Provide results of PHA-SABEQ study regarding malpractice law**
- D. Keep members informed of developments in this area**

Person Responsible: PHA members

Resources Needed: None

Due Date: Ongoing

Measure of Success: Establishment of malpractice and liability system that won't impede medical tourism.



## **GOAL VI / OBJECTIVE III**

### **Assist hospitals to market their services internationally**

**Tactic: Study how competing countries/hospitals market their medical tourism services**

**Activity:**

**A. Review and analyze medical tourism websites;**

**B. Resource materials will be organized and put on the PHA website.**

Person Responsible: Consultant, PHA Board staff

Resources Needed: Funding for consultant

Due Date: Materials available June, 2008; analysis is on-going

Measure of Success: Full report will be generated and placed on PHA website

**C. Materials in resource manual will be updated as needed for the PHA website**

Person Responsible: PHA staff

Resources Needed: None

Due Date: On-going

Measure of Success: Website is current

**D. Check advertising in relevant publications; Collect and review articles on medical tourism in newspapers and magazines worldwide and place on PHA website.**

Person Responsible: PHA staff

Resources Needed: None

Due Date: On-going

Measure of Success: Website citing appropriate references is be updated regularly

**Tactic: Determine aspects of PHA member services that are different/better/unique than what other countries offer.**

**Activities: Survey current and past medical tourists to Jordan to identify why they chose Jordan for their care.**

Person Responsible: Consultant

Resources Needed: Funding for consultant

Due Date: June, 2009

Measure of Success: Analysis will be generated

**Tactic: Develop an analysis of features and benefits of medical tourism to Jordan that are meaningful to potential medical tourists**

**Activities: Define potential customers/markets that are likely to choose Jordan for health care based on past and current data and features/benefits**

Person Responsible: Consultant

Resources Needed: Funding for consultant

Due Date: June, 2009

Measure of Success: Analysis will be generated

#### **GOAL VI / OBJECTIVE IV**

**Establish a network of partners to market Jordanian services (e.g. medical facilities and medical tourism travel agencies)**

**Tactic: Identify potential partners**

**Activity: Use resources such as the World Wide Web, medical tourism trade shows, etc., to identify potential partners for PHA members among medical tourism agencies and other potential partners. Advise members on how to create successful partnerships with medical tourism agents.**

Person Responsible: Staff

Resources Needed: None

Due Date: On-going

Measure of Success: Analysis will be generated

**Tactic: Help members understand how to become approved to provide reimbursable medical services to third party payers such as government programs and insurance companies.**

**Activities:**

**A. Track developments in coverage of medical tourism services in medical tourism and insurance publications and websites**

**B. Advise members when changes occur, such as another insurance company beginning to cover medical tourism.**

Person Responsible: Staff to track developments

Resources Needed: None

Due Date: Ongoing

Measure of Success: Information about opportunities kept current and disseminated to members

**Tactic: Help hospitals promote Jordan to targeted potential medical tourists.**

**Activities:**

**A. Hire consultants experienced in medical tourism promotion to develop and implement promotion programs**

**B. Staff works with promotional consultants to develop promotional positions and materials based on unique services, skills, and country attributes**

Person Responsible: Staff and consultants

Resources Needed: Funding for consultants and for development of a marketing plan and then production and distribution of promotional materials (direct mail, advertising, exhibiting at trade shows, press relations, etc.)

Due Date: June, 2009 for board approval of marketing plan and budget

Measure of Success: Creation of a marketing plan and budget; implementation of marketing programs as detailed in the approved plan and budget

**Tactic: Demonstrate quality of Jordan's medical facilities.**

**Activity: Invite parties responsible for referring patients to international facilities to Jordan to visit hospitals**

Person Responsible: Consultant

Resources Needed: Funding for consultant and marketing programs

Due Date: June, 2009 and thereafter

Measure of Success: Increase in medical tourism in Jordan

**GOAL V | OBJECTIVE V**

**Provide support so that small hospitals can participate in medical tourism**

**Tactic: Help small hospitals achieve HCAC accreditation**

**Activity: Provide guidance to small hospitals on conducting a self study to determine how feasible it will be for them to proceed with accreditation, how to make changes and complete accreditation application materials**

Persons Responsible: Local consultants from accreditation agencies and individuals from PHA member hospitals that already have accreditation

Resources Needed: Funding to hire consultants if needed

Due Date: June 2009

Measure of Success: At least two PHA small member hospitals commit to seeking HCAC accreditation

**Tactic: Encourage small member hospitals to participate in conferences on medical tourism**

**Activity: Educate small member hospitals on the opportunities to participate in conferences and identify sources of funding if necessary**

Persons Responsible: PHA Board members and Executive Director

Resources Needed: Funding to attend conferences if necessary

Due Date: On-going

Measure of Success: The number of PHA small member hospitals attending conferences will increase

## **GOAL VII: IMPROVE THE IMAGE, ROLE AND PARTICIPATION OF THE PHA AND ITS MEMBERS IN THE COMMUNITY**

### **GOAL VII / OBJECTIVE I**

**Develop outreach campaign to the public**

**Activities:**

- A. Organize and present public lectures/discussions of public health issues and/or hospital activities e.g. weight control, handling new born babies, what happens in the hospital laboratory, etc.**
- B. Offer space in the hospitals for community activities**
- C. Provide training courses for nurses, nutrition and students in other health care occupations**
- D. PHA member hospitals provide post graduate training for MDs and other health care professionals**
- E. Offer free services at health fairs (e.g. diabetes screening); Offer free examinations, distribute free medications; Offer free services at the hospital**

Person Responsible: Staff

Resources Needed: Funding to cover expenses (Sponsorships?)

Due Date: On-going

Measure of Success: Several activities completed

### **GOAL VII / OBJECTIVE II**

**All PHA member hospitals will have a Patient Bill of Rights**

**Tactic: Develop model of Patient Bill of Rights for hospitals that do not currently have one**

**Activities:**

- A. Encourage members to post bill of rights in their facilities, PHA should develop and distribute news releases about Patient Bill of Rights**
- B. Inform patients about the existing complaints system**

Person Responsible: Staff

Resources Needed: Hospital staff from hospitals that already have a Patient Bill of Rights

Due Date: On-going

Measure of Success: Increase the number of hospitals that have a Patient Bill of Rights

**GOAL VII / OBJECTIVE III**

**Establish reputation for quality services**

**Tactic: PHA and its members to apply for the King Abdullah Award of Excellence**

**Activity: Prepare materials needed to complete the application**

Persons Responsible: Staff

Resources Needed: None for PHA, workshop from Award team for hospitals

Due Date: by December, 2008

Measure of Success: PHA will receive Award, member hospitals will apply

## **APPENDIX G: PHA EXECUTIVE DIRECTOR POSITION DESCRIPTION**

### **PRIVATE HOSPITALS ASSOCIATION POSITION DESCRIPTION**

#### **Executive Director**

Prepared by  
Dr Sharon Goldsmith  
SABEQ Consultant

Reviewed and approved by PHA Board of Directors June 25, 2008

#### **POSITION TITLE:**

1. Executive Director

#### **POSITION OVERVIEW:**

1. To implement the strategic goals and objectives of the Private Hospitals Association (PHA) as defined in its business plan.
2. With the Chairman, enables the Board to fulfill its governance function
3. Provides direction and leadership to staff toward the achievement of the organization's philosophy, mission, strategy and its annual goals and objectives

#### **Reports to:**

1. PHA Board of Directors, through the Chair of the Board

#### **Reports to this position:**

1. Two administrative assistants (to be hired by the CEO) and other staff and consultants as approved and hired.

#### **Responsibilities:**

1. **Board Administration and Support**
  - a. Supports operations and administration of the PHA Board by providing timely and accurate financial and operational information;
  - b. Proposes agendas for the board of directors reflecting issues, opportunities, and priorities;
  - c. Develops and provides appropriate policy recommendations for consideration by the board;

- d. Provides advice and information to the Board to support its policy making activities;
- e. Serves as interface between Board and staff;
- f. Attends PHA Board of Directors meetings as invited;
- g. Serves as member of PHA I committees, councils, task forces, and other member forums as assigned by the PHA Board of Directors;
- h. Designs and helps to provide orientations for new Association leaders.

## **2. Program, Product and Service Delivery**

- a. Oversees design, marketing, promotion, delivery and quality of programs, products and services that will increase revenue for the PHA and that support the PHA Business Plan;
- b. Directs product and service vendors in accordance with PHA policies and good business practices;
- c. Maintains records such as agendas, minutes, contracts, agreements, publicity, personnel records, etc. in accordance with PHA policies;
- d. Ensures the development of priority plans, performance measurements, management controls, and critical success factors for all PHA activities;
- e. Maintains supervision of PHA website and other materials;
- f. Designs and conducts annual membership needs assessment surveys to determine member level of satisfaction and requirements;
- g. Conducts a feasibility study to determine if and how PHA should increase its categories of members;
- h. Designs and oversees the implementation of an annual PHA directed education and, conference program.

## **3. Financial, Tax, Risk and Facilities Management**

- a. Recommends yearly budget for Board approval; prepares and regularly updates five-year financial model to help Board plan long term objectives;
- b. In concurrence with the Board, designs and implements systems to systematically monitor and updates the PHA strategic plan and business plan;
- c. Provides financial status reports to the Board on a regular bases;
- d. Prudently manages organization's resources within budget guidelines and according to PHA policies and current laws and regulations;
- e. Develops and enforces policies to ensure that all potential or perceived conflicts of interest that may arise in the conduct of PHA business are avoided;
- f. Sees that all Association bills are paid in an accurate and timely fashion and maintains sole signature authority for Association checks and contracts within amounts to be determined by the Board of Directors.

## **4. Human Resource Management**

- a. Effectively maintains full responsibility for all staff functions including hiring, coaching, evaluating, setting the remuneration of and terminating all PHA staff ( except for him/herself) and consultants to PHA according to authorized personnel policies and procedures and budgets and that fully conform to current laws and regulations.

## **5. Community and Public Relations**

- a. Oversees the implementation of all public image building activities as defined in the PHA business plan;
- b. Represents PHA at meetings and other functions as directed by the Board;

- c. Maintains good relations on behalf of PHA with the press, the wider healthcare community and other influential individuals and organizations;
- d. Identifies strategic partners that can help PHA meet the objectives identified in its business plan and assist in negotiating relevant MOUs;
- e. Maintains the necessary contacts to keep abreast of emerging issues of significance to the PHA.

## **6. Advocacy/Government Affairs**

- a. Prepares for the Board's approval an annual Advocacy and Public Information Agenda that states key PHA positions on relevant social and legislative issues and disseminates the plan to key stakeholders;
- b. Represents PHA to government agencies as directed by the Board;
- c. Attends and participates when possible, in government sponsored committees and other activities;
- d. Monitors and prepares reports for the Board and membership on government actions and discussions of importance to PHA members.

## **7. Fundraising**

- a. Oversees fundraising planning and implementation, including identifying resource requirements, researching funding sources, establishing strategies to approach funders, submitting proposals and administering fundraising records and documentation;
- b. Develops and implements with Board approval and support, non-dues revenue generating programs.

## **8. Other**

- a. Performs such other duties as are prescribed in writing from time to time by the Board of Directors

## **POSITION REQUIREMENTS**

The Private Hospital Association is seeking an individual to report to the Board of Directors, to implement strategic priorities; manage and direct the organization.

### **Qualifications:**

Candidates should have a track record of building productive relationships with boards, committees, members, and other organizations; a track record of exceeding goals for programming activities, communications, and financial performance; the ability to work with senior-level people in the healthcare and tourism industries, with government agencies, and with the preeminent leaders of the hospital, medical and tourism communities in Jordan and internationally.

Qualified candidates will have excellent communications skills and demonstrated ability to manage many simultaneous projects. Fluency in written and spoken Arabic and English is required.



**Education:**

University degree

**Experience:**

Prior experience managing evaluating, hiring and managing staff is required. Previous experience in the health care environment with a hospital, government or non-profit organization is preferred, but individuals with any managerial or executive experience with a trade or professional association are encouraged to apply. Experience in fund raising and new program development that increases revenue is required. Experience building international business relationships is highly preferred.

## **APPENDIX H: MEDICAL TOURISM REFERENCE MANUAL**



### **Reference Manual for PHA**

### **Building Medical Tourism in Jordan**

Prepared by Sharon Goldsmith, PhD

USAID Jordan Economic Development Program (SABEQ)

25 June, 2008

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## **I. Introduction**

The manual is intended as a source document providing a basic understanding of Medical Tourism as it exists today in the world, and published forecasts of where it is going. The forecasts are for worldwide growth—it is impossible to predict how the overall growth will be translated into local opportunity as each country and medical provider and tourist bureau will implement and change its own behaviors as volume increases. The manual is far from exhaustive—the Internet is full of information about medical tourism, and we have tried to collect a generous sample of these resources. A number of books have also been published on medical tourism, from the medical professional and medical tourist perspectives—and we have provided information about some of these.

In this manual we have gathered information about Medical Tourism from a variety of perspectives—from the macroeconomic to the specific and from large scale analyses, to the websites of specific providers and tour companies. Overall, it provides a picture of a global shift in health care services targeted to those that can afford to travel to other locations for specific health services, or must travel to other location to access services more economically than in their home locations.

## **II. Definitions**

### **A. What is Medical Tourism?**

Wealthy patients from developing countries have long traveled to developed countries for high quality medical care. Now, growing numbers of patients from developed countries are traveling for medical reasons to regions once characterized as “third world.” Many of these “medical tourists” are not wealthy, but are seeking high quality medical care at affordable prices. To meet the demand, entrepreneurs are building technologically advanced facilities outside the United States, using foreign and domestic capital. They are hiring physicians, technicians and nurses trained to American and European standards, and where qualified personnel are not available locally, they are recruiting expatriates. (Source: NCPA Report 304 *Medical Tourism: Global Competition in Health Care*; available at <http://www.ncpa.org/pub/st/st304/st304.pdf> )

One projection is that the market for medical tourism will grow from US\$40 billion in 2004 to US \$100 billion in 2012. (ibid: sourced from McKinsey and Company and the Confederation of Indian Industry.)

While this report offers a US perspective, it is just as applicable to any potential medical tourist from a high-cost medical environment, or for someone that can afford to travel for treatment from a locale where the preferred quality or type of treatment is not available.

See Medical Tourism Guide, available at <http://medicaltourismguide.org/>. The Guide is intended for potential medical tourists and includes information on benefits and risks and other information about medical tourism. This site includes links to other websites describing medical tourism in eleven countries—Jordan is not included.

### **B. What are Types of Medical Tourism?**

- i. Looking for lower cost: Describes medical tourists from affluent countries that are uninsured, underinsured or looking for care that is not reimbursed or insufficiently reimbursed.
- ii. Looking for higher-quality: Describes patients not satisfied with the quality of care available in their own locale;
- iii. Looking for the new or unusual: sex-change or hip resurfacing operations in Thailand, stem cell treatment in India, unique surgery for congestive heart failure in Brazil, new cosmetic approaches in Mexico.
- iv. Looking for good and inexpensive care and a vacation: for example, dental work in Costa Rica, cosmetic surgery in Singapore.

### III. The Medical Tourism Marketplace

#### A. The Customers

To understand this marketplace, it will be best to define and group customers.

Patients:

1. Patients for whom money is not a concern and who want to get the best care available. Historically, these patients have gone to the United States and Western Europe for care and many facilities built special facilities for these very well paying medical tourists. However, since the terrorist attacks in the US, there has been a huge decline in medical tourists from the Middle East coming to US facilities and, in fact, many major facilities in the US and Western Europe are partnering with facilities in other countries.

(See following”: from the Johns Hopkins website: “*About Johns Hopkins Medicine International*” (<http://www.jhintl.net/glo/about/default.aspx?id=132>,

Minneapolis Business Journal: “*Mayo to Open Clinic in Middle East to Recover Lost Business.*” (<http://www.bizjournals.com/twincities/stories/2003/07/21/story4.html> ) and

“*Fewer Seeking Low-Cost Care Abroad than Previously Estimated—Most Seeking Higher Quality Care*” Kaiser Daily Healthcare Report, May 8, 2008, at [http://kaisernetwork.org/daily\\_reports/print\\_report.cfm?DR\\_ID=51968&dr\\_cat=3](http://kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=51968&dr_cat=3)

2. Patients that must pay for their own care (or care that is minimally or not reimbursed such as dental and cosmetic surgery) and are looking for less-expensive but high-quality care or treatments that are sometimes not available in their countries of residence. Examples include dental work in Costa Rica, cosmetic surgery in Brazil, hip resurfacing in Thailand, stem cell treatment in India. Such patients might also include those from MENA (Middle East and North Africa) countries coming for care to Jordan and other Middle East centers such as Turkey, Dubai, etc. This is the type of patient that is driving the medical tourism industries in India, Thailand, Singapore, Malaysia, and many other countries. (See “More Fun Than Root Canals”, New York Times, February 7, 2008. [http://www.nytimes.com/2008/02/07/fashion/07SKIN.html?\\_r=1&oref=slogin](http://www.nytimes.com/2008/02/07/fashion/07SKIN.html?_r=1&oref=slogin) )

Much is made of the medical tourism potential of the “40 million uninsured” in the US. It is important to note that there are two classes of uninsured patients in the U.S. One group is the “working uninsured” individuals that have some resources and may make the choice of traveling to receive the care they need. These individuals are among those described in the preceding paragraph. However, the vast majority of uninsured in the U.S. is too poor to afford insurance even while they earn too much money to be eligible

for free care through the U.S. Medicaid program (they may work in businesses or jobs where health insurance is not provided) and similarly they are too poor to travel to one of the preferred medical tourism destinations. Some of these uninsured may travel to their home countries (e.g. Guatemala, El Salvador, etc.) for care—but they are not likely targets for medical tourism to Jordan.

3. Patients that don't want to wait for non-emergency care in countries with wait-lists such as Western Europe and Canada. Canadians with private insurance or self-paying patients may go to the US; patients from Britain have been going to private hospitals in Switzerland and Eastern Europe.
4. Accompanying family members: Patients are often accompanied by family, or in some cases may choose a medical destination based on the presence of family or friends. The concerns of these non-patient medical tourists must be considered as much as those of the patients.
5. Home-country providers: The influence of a patient's current medical provider(s) on a decision to travel (or not to travel) for medical care, or where to go for such care should be considered as part of the patient's decision-making process.

**B. Payors: (“Payors” are the business or government agencies that pay for medical care for their customers, citizens or employees.)**

1. Medical insurance companies;
2. Government agencies such as Medicare in the US and the National Health Service in the UK);
3. The military (e.g. CHAMPUS and the Veterans Affairs systems in the US);
4. Private businesses that provide insurance services to employees and retirees (As an example, the US automobile manufacturer, General Motors, provides health insurance to nearly 1% of the entire US population.)

Payors are looking for ways to keep costs down while providing appropriate care. Some are beginning to look at offering international travel and medical care to customers/employees/citizens whose cases are appropriate for treatment in other countries.

**C. Medical Tourism Companies**

A number of businesses have been created to serve as marketing arms to attract medical tourists, and as facilitators providing some, or all the following services to smooth the processes of making arrangements for medical tourism, including arranging travel, making appointments, facilitating Visas and travel arrangements, coordinating sharing of medical records, “hand-holding” on arrival in the destination, coordinating care upon return, etc. And many also arrange appropriate tours for the patients and families during the recovery period. In some cases, the health care facility provides these support services in conjunction with the medical tourism company. Types of medical tourism companies:

1. Companies representing a single medical provider.
2. Companies representing a single country and, sometimes, a group of providers within that country, such as the Apollo Group in India.
3. Companies matching patients' preferences to a country or region and facility they want and serving as a "broker" rather than an agent.
4. Travel agents that specialize in a unique region or type of traveler but that do general tourism and do not specialize in medical tourism. These are examples of tourism companies in the US that specialize in serving travelers to the Middle East (<http://www.gomideast.com/articles/agents/almuad.htm> ;  
<http://www.a-ztours.com/middleeastafricatours.htm>  
<http://www.gomideast.com/articles/agents/Spiekermann.htm>



## **Examples of Medical Tourism Agencies**

### **HealthBase/Healthcare beyond Borders**

<https://www.healthbase.com/hb/pages/medical-procedures.jsp>

### **Pangea Medicine**

<http://www.pangaeamedicine.com/>

### **Medical Tourism Company**

<http://www.medicaltourismcompany.net/>

### **MedRetreat**

<http://www.medretreat.com/>

### **IndusHealth**

<http://www.indushealth.com/>

### **Medical Tourism International**

<http://www.meditourinternational.com>

### **Foreunners Healthcare**

<http://www.forerunnershealthcare.com/>

### **The Medical Tourist Company**

<http://themedicaltouristcompany.com/medical-tourism-centres.html>

### **World MedAssist** (Sample website pages follow.)

Features hospitals in India, Turkey, Belgium and Mexico

See attached web pages <http://www.worldmedassist.com/>

### **Treatment Abroad**

Website lists 39 countries as medical tourism destinations—Jordan is not included.

<http://www.treatmentabroad.net/destinations>

**One World Healthcare** (Exclusive for Samitivej Hospital, Bangkok)

<http://oneworldhealthcare.org>

#### **D. The Medical Tourism Marketplace-The Countries**

Hospitals in Thailand and other countries routinely meet patients and families at the airport, expedite their arrival through immigration and customs, provide transportation to the hotel or hospital, etc. One Thai hospital opened a recovery unit staffed with medical personnel (in addition to the hotel staff) at a beach resort. Another has contracted with a resort hotel to set aside rooms for convalescing patients, with medical staff on-site. Another example--Mayo Clinic has its own international air transport system to bring patients to any of its facilities (Web page attached and also at (<http://www.mayomedicaltransport.com/medair.html>)).

Numerous websites and articles list the places most often thought about when medical tourism is discussed. These listings may be generic such as which countries are most popular, to listing specific facilities. Websites of some medical tourism agencies list the countries to which they refer patients.

“Top 5 Medical Destinations” NuWire Investor Website. March 31, 2008. Lists the following five countries: Panama, Brazil, Malaysia, Costa Rica, India

<http://www.nuwireinvestor.com/articles/top-5-medical-tourism-destinations-51502.aspx>

Chicago Tribune “For Big Surgery, Delhi is Dealing”

[http://www.chicagotribune.com/news/chi-medical-tourism\\_goeringmar28.0,4555735.story](http://www.chicagotribune.com/news/chi-medical-tourism_goeringmar28.0,4555735.story)

Caribbean Health Tourism

<http://www.caribbeanhealthtourism.com/>

Outsourcing the Patients

[http://www.businessweek.com/print/magazine/content/08\\_12/b4076036777780.htm](http://www.businessweek.com/print/magazine/content/08_12/b4076036777780.htm)

See *Treatment Abroad* website: It lists 39 countries as medical tourism destinations—Jordan is not included. <http://www.treatmentabroad.net/destinations>

#### IV. Positions and Policies of Third Party of Payors on Medical Tourism

Medical Tourism has been largely self-financed. Even while saving many thousands of dollars (or other currencies), the patient will still need to pay many thousands of dollars to travel, receive treatment and spend recuperation time—particularly if accompanied by family members.

However, payors are beginning to evaluate reimbursing medical tourism costs (including the cost of travel, accompanying family, etc.) IF the payor saves money overall and the patient receives appropriate care that does not result in higher costs later i.e. relapses or surgical complications.)

- In southern California, Blue Shield, a medical insurer has been offering “Access Baja” reimbursing the costs of traveling and receiving care across the border in Mexico.
- Blue Cross/Blue Shield of South Carolina has begun adding selected non-US facilities to its approved provider list.
- Several self-insured employers are discussing offering their employees, retirees and other covered members, the option of traveling overseas for treatment.

The evolution in payor approaches is discussed in the following articles.

See “BlueCross BlueShield and BlueChoice Health Plan Pioneer Global Health Alternative” from BlueCross BlueShield website, February 8, 2007  
<http://www.bcbs.com/news/plans/bluecross-blueshield-and.html>

See *Business Week* “Outsourcing the Patient” March 13, 2008  
[http://www.businessweek.com/magazine/content/08\\_12/b4076036777780.htm?chan=globalbiz\\_special+report+--+asia+health\\_special+report+--+asia+health](http://www.businessweek.com/magazine/content/08_12/b4076036777780.htm?chan=globalbiz_special+report+--+asia+health_special+report+--+asia+health)

See “U.S. Insurers for Alliances with Foreign Hospitals....”, *Kaiser Daily Health Policy Report*, March 17, 2008.  
[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=3&DR\\_ID=50989](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=3&DR_ID=50989)

See “Businesses, Insurance Companies Promote Medical Tourism to Reduce Costs”, *Medical News Today*, Nov 7, 2006  
<http://www.medicalnewstoday.com/articles/55907.php>

## **V. How Major Medical (AMA) and Hospital Associations (AHA) Approach Medical Tourism**

The issue of medical tourism is just beginning to appear officially on the agendas of the two major medical associations in the US—the American Medical Association (AMA) and its more than 300,000 physician members, and the American Hospital Association (AHA) which represents more than 4,000 hospitals in the US.

On its website, the AHA has links to articles that have appeared in one of its news magazines. These articles are reports on the issue of medical tourism—they are not policy statements or positions of the association. Copies of these articles follow this section. See “Medical Tourism takes Flight” in *Health and Hospital Networks*, and “Circling the Globe”, from the AHA website [www.hospitalconnect.com](http://www.hospitalconnect.com) attached at the end of this section.

The AMA was to have considered the report of a study group on the issue of medical tourism at its June, 2008 annual meeting. The charges to the study group follow this section. See “Report of the Council on Medical Service, Medical Care Outside the United States.”

Note: On June 20, 2008, AMA issued new guiding principles on medical tourism  
Press Release on page 10 or see: <http://www.ama-assn.org/ama/pub/category/print/18678.html>

Guidelines are on page 11 or see:  
<http://www.ama-assn.org/ama1/pub/upload/mm/31/medicaltourism.pdf>



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Press the print button on your browser.  
[Click here to return to the previous page.](#)

## **AMA provides first ever guidance on medical tourism**

*New AMA principles promote patient safety for care abroad*

**For immediate release  
June 16, 2008**

CHICAGO — To ensure the safety of patients considering traveling abroad for medical care, [new guiding principles on medical tourism](#) (PDF, 20KB) were adopted today at the American Medical Association's (AMA) annual policy-making meeting. The nine principles are the first-of-its-kind, and outline steps for care abroad for consideration by patients, employers, insurers and third-parties responsible for coordinating travel outside of the U.S.

"Medical tourism is a small but growing trend among American patients, and it's unclear at this time whether the risks outweigh the benefits," said AMA Board Member [J. James Rohack, MD](#). "Since this is uncharted waters, it is our hope that the AMA's new guidance on medical tourism will benefit patients considering traveling abroad for health care."

In 2006, an estimated 150,000 Americans received health care overseas, and nearly half of the procedures were for medically necessary surgeries. The emergence of medical tourism is in part a response to the rising cost of health care in the U.S., which puts needed health care out of reach for many, particularly those without health care coverage.

"We need to address the cost of care in the U.S. and cover the uninsured so that every American who needs health care can get it right here at home," said Dr. Rohack. "Until there is significant action at home, patients with limited resources may turn elsewhere for care. It is important that U.S. patients have access to credible information and resources so that the care they receive abroad is safe and effective."

The new AMA principles call for all medical care outside of the U.S. to be voluntary. They address financial incentives, insurance coverage for care abroad and care coordination. The principles also call for patients to be made aware of their legal rights prior to travel and to have access to physician licensing and facility accreditation information prior to travel.

"For those patients considering medical tourism, the new AMA principles are an important starting point for consideration before making the decision to go abroad for health care," said Dr. Rohack.

To ensure that insurance companies and others that facilitate medical tourism adhere to the new principles, the AMA will introduce model legislation for consideration of state lawmakers.

**For additional information, please contact AMA Media Relations at:**

(312) 239-4991 or (312) 464-5980

Last updated: Jun 17, 2008

Content provided by: Media Relations

**Note: The following has been published as a PDF document on the AMA website at <http://www.ama-assn.org/ama1/pub/upload/mm/31/medicaltourism.pdf>**  
The document was released on June 20, 2008

**(AMA LOGO)**

**NEW AMA GUIDELINES ON MEDICAL TOURISM**

The AMA advocates that employers, insurance companies, and other entities that facilitate or incentivize medical care outside the U.S. adhere to the following principles:

- (a) Medical care outside of the U.S. must be voluntary.
- (b) Financial incentives to travel outside the U.S. for medical care should not inappropriately limit the diagnostic and therapeutic alternatives that are offered to patients, or restrict treatment or referral options.
- (c) Patients should only be referred for medical care to institutions that have been accredited by recognized international accrediting bodies (e.g., the Joint Commission International or the International Society for Quality in Health Care).
- (d) Prior to travel, local follow-up care should be coordinated and financing should be arranged to ensure continuity of care when patients return from medical care outside the US.
- (e) Coverage for travel outside the U.S. for medical care must include the costs of necessary follow-up care upon return to the U.S.
- (f) Patients should be informed of their rights and legal recourse prior to agreeing to travel outside the U.S. for medical care.
- (g) Access to physician licensing and outcome data, as well as facility accreditation and outcomes data, should be arranged for patients seeking medical care outside the U.S.
- (h) The transfer of patient medical records to and from facilities outside the U.S. should be consistent with HIPAA guidelines.
- (i) Patients choosing to travel outside the U.S. for medical care should be provided with information about the potential risks of combining surgical procedures with long flights and vacation activities.

## **VI. Medical Tourism Trade Shows (Partial List)**

A number of trade show organizations, national tourism offices and other groups are organizing conferences and trade show to discuss the issues of medical tourism and, in the case of those produced by national tourist offices, to promote their own countries' medical tourism industry. Jordan will be exhibiting and participating in at least one of these meetings in 2008 (San Francisco, September.) At least one PHA member recently participated in a regional event in Yemen.

Based on its experience at the San Francisco event, Jordan will have to determine how effective these events will be to build its medical tourism business. Again, it will be difficult to compete in an atmosphere dominated by larger more well known medical tourism suppliers. To have an effective event, Jordan will need to set very specific objectives and make sure they are accomplished at the meeting.

The 3rd Annual World Health Tourism Congress, Marbella Spain

[http://www.fly2doc.com/public/Text.php?text\\_id=72&section\\_id=6](http://www.fly2doc.com/public/Text.php?text_id=72&section_id=6)

International Medical Tourism Conference, Arlington, VA, USA

<http://www.consumerhealthworld.com/medtourf07/>

Proud Asia Medical Tourism Conference, Thailand

<http://www.proudasiaithailand.com/>

World Medical Tourism & Global Health Congress, San Francisco

<http://www.medicaltravelauthority.com/World%20Medical%20Tourism%20&%20Global%20Health%20Congress%20Brochure.pdf>



## **VII. Approaching the Market: Ideas for the Private Hospital Association to Consider**

### **A. Apply the Blue Ocean/Red Ocean Strategy in Medical Tourism**

What is the Blue Ocean /Red Ocean Strategy and How does It Apply to the Private Hospital Association and Its Members Medical Tourism Planning?

A “Red Ocean” business environment is one that is full of competitors, with “sharks” feeding on smaller weaker market participants.

A “Blue Ocean” business environment is one where a small competitor can survive as it may not be attractive to larger competitors—or one where a smaller competitor has a unique advantage.

In the world of medical tourism, Jordan needs a “Blue Ocean” strategy. It has neither the resources nor the infrastructure to compete in the “Red Oceans” against health tourism powerhouses like India, Thailand, Malaysia, Singapore, Brazil, Mexico--and upcoming countries such as Dubai and Korea. Dubai is building an entire multi-billion dollar, 4-million square foot medical and wellness complex to be fully operational by 2010. *(Personal prediction: Dubai will not compete on price. It will compete on luxury services and relationships with large and powerful U.S. and Western European medical centers such as Harvard, Cleveland Clinic and others.)*

<http://www.dhcc.ae/EN/Pages/Default.aspx> ;  
<http://www.dhcc.ae/EN/AboutDHCC/Pages/Benefits.aspx> ;  
<http://www.recoverdiscover.com/medical-tourism-dubai.php> ).

Meanwhile, Korea is creating a “foreigners only” healthcare tourism venue with at least four hospitals and two dental facilities on Jejudo Island—already a major tourist venue. ([http://eckorea.ecplaza.net/news/09/13938/jeju\\_island\\_to\\_have\\_foreignersonly.html](http://eckorea.ecplaza.net/news/09/13938/jeju_island_to_have_foreignersonly.html) ).

Considering the huge investments these countries are making in medical tourism infrastructure, and promotion, they will have to compete in major markets for the bulk of potential medical tourists, particularly in markets such as the U.S. and Western Europe—they will be swimming in the “Red Ocean”!

McKinsey and Company, as quoted in the NCPA report, has projected medical tourism to be a \$100 billion market world-wide by 2012. Jordan has a modest objective of reaching \$1 billion in medical tourism revenue by 2010 (Jordan Times, Nov. 11, 2006), from approximately \$ 700 million in recent years (as reported in USAID document “Medical Services”, May 1, 2007) There is no reason, or advantage, for Jordan to compete for the entire market, particularly against the

big medical tourism venues that will be fighting for those tourists. Remember too, that several of these venues are already recognized tourist destinations—and in spite of Petra and Aqaba, Jordan is not well known among most travelers as a tourist destination and has the additional image problem of being lumped in with other Middle Eastern countries as a venue to be avoided by those that do not know any better.

Jordan has two ways of increasing revenues from medical tourism:

- First is to increase the number of medical tourists;
- Second is to increase the revenues generated from each medical tourist that come to Jordan.

As the PHA acknowledges, Jordan will have to build cooperation between medical providers and tourism providers both to provide the level of services medical tourists will demand and to maximize revenue per future medical tourist. (The Jordanian tourism sector should be given a charge by the government to generate some amount of revenue specifically from medical tourists.)

The current status of Jordan as a medical tourism center for MENA (Middle East and North Africa) and some other countries suggests that there are unique “selling propositions” that makes it attractive to medical tourists from these markets—who choose Jordan over other options of where to go for medical treatments.

We have to begin with an assumption that Jordan can offer the same, or better, quality healthcare as competing medical tourism markets—and will have and publish data to prove it. The questions to be answered include:

- What attracts current medical tourists to Jordan? What benefits do they see in coming to Jordan versus other possible markets? Are there potential medical tourists in other countries that would respond to the same benefits? How does the Jordanian medical tourism sector reach potential patients that might respond to those existing benefits? How many such potential patients are there?
- What is the typical expenditure by a medical tourist in Jordan? How can the revenue per medical tourist be increased (without raising the costs of the medical procedure itself)? Does Jordan maximize opportunities for accompanying families to use facilities such as hotels and restaurants? For patients to recuperate in style? Does Jordan encourage families to accompany the patient? Do Jordanian medical service providers have arrangements with hotels and restaurants to be “preferred providers” for their medical tourism patients?
- How does Jordan invest in the growth of the medical tourism market without spending an excessive amount on promotion for whatever increase in medical tourism revenues is achieved? It is a truism that the early adopters of a product or service are the most profitable as it costs the least to acquire them as customers. (The cost of each additional customer increases until a point is reached when it is costing as much to acquire a customer as is generated in profits from that customer. This can be offset if the customer becomes a repeat user of the service, or convinces others to come to Jordan.)

- How do Jordan's hospitals make sure medical tourists have a positive experience? Satisfied customers will be Jordan's best, and most efficient, marketing tool. It will be critical to make sure every customer has a good experience. Unsatisfied customers will be far more likely to share their negative views than satisfied customers will share positive views.

## **B. Defining Niches in Which Jordan Can Compete Economically and Effectively**

Definition: "Niche marketing" is being able to identify subsets of a market in which a product or service has a specific advantage and looking for customers in that "niche". For example, one of the travel agencies listed above, promotes itself as specializing in archeological tours of the Middle East and North Africa and markets its services through archeology magazines, meetings and affinity groups. In effect, this agency ignores the mass of the tourism market to exploit its

specialized market—or niche. Another travel agency specializes in religious travel to the Middle East. So here we have two travel agencies, both marketing travel to the Middle East—but not competing for each other's potential customers (assuming that the archeology traveler and religious traveler are different people.) Each has defined its own "niche."

If we accept a "Blue Water" approach to Jordan's growth in medical tourism, we have to identify the issues that make Jordan different and decide how to turn those into an advantage for some class of potential medical tourists. For issues that can be perceived as a negative to some medical tourists, are there groups for whom it is not a negative? The following are examples of how to think about characteristics of medical tourism in Jordan and how to find an "exploitable" niche.

1. Arabic Language. While English is widely spoken in Jordan, is it good enough at all levels of the health care and tourism systems to make non-Arabic medical tourists and their families comfortable? (Don't patients spend more time talking with nurses, technicians and other support staff than with physicians?) Also, not all medical tourists are English speaking. What about French, German, Italian, and so on? What would be the cost of achieving English (or other language) proficiency throughout the healthcare system serving medical tourists?

Is there a population of Arabic speaking potential medical tourists that could be attracted to Jordan for medical care—as they come now from MENA countries? It would seem (and this needs to be researched in the US, UK, Canada, Germany, France and similar countries) that the large number of Arabic speaking immigrants in those countries would be a good niche to go after. (Jordan can safely ignore medical tourists that speak Hindi or Urdu or Thai—they are going to India or Pakistan or Thailand for healthcare--no matter what Jordan offers!)

2. Medical Services: What are the really "best-in-class" medical services that Jordan can offer? Does Jordan want to compete for cosmetic surgery patients with established medical tourism venues such as Mexico and Brazil? If so, what are the benefits of choosing Jordan

over an established venue with thousands of already satisfied customers? Will Jordan compete with Costa Rica for dental patients from the US? Costa Rica is a known environment, already a popular tourist destination and only two to three hours from the southern U.S. Jordan has to define which medical services it wants to offer to tourists, and then define the best way of convincing those potential customers about the care they will receive.

3. Jordan as a Tourism Destination: Jordan is virtually unknown as a tourist destination. It would be interesting to know how many people who are world travelers would even put Jordan in a “top ten” list of places to visit. Also, how appropriate are some of Jordan’s tourist sites for a recovering patient? Is a hike though the Siq at Petra good therapy after a heart valve replacement or knee surgery? So the focus would need to be on recovery at a Dead Sea resort (and they had better make some concessions on pricing or the savings of less-expensive healthcare will be quickly eaten away!) On the other hand, marketing the tourist attractions (Petra, Aqaba, etc.) to the accompanying families would make sense, once the initial contact is made with the potential patient.
4. Jordan’s Middle East location: Fairly or unfairly, for most Americans, and probably most Europeans, the Middle East is not somewhere one goes for one’s health. The cost of changing these attitudes, even if possible would be prohibitive. So, a target market should be one that is already familiar with Jordan’s unique status as a friendly, peaceful environment.

This kind of analysis should be performed on every aspect of the medical tourism experience for someone coming to Jordan. At the end of the analysis, a profile of a “most likely” medical tourist to Jordan would be developed. The concepts should be tested (e.g. with focus groups) among individuals that make up the group.

So, making some assumptions: A likely future medical tourist to Jordan might be:

- An Arabic speaking (or Arabic understanding) resident of the US, Canada, Europe or other western country,
- Most likely, someone that either emigrated from a MENA country or perhaps the child of a person that emigrated,
- One that understands enough about Jordan and the Middle East to be comfortable with the concept of traveling and staying here,
- Someone that needs a medical procedure for which a specific Jordanian hospital is well known and accredited with world-class physicians and staff;
- Someone that is either uninsured, but with resources, or self-insured—such as small business owners.

If these assumptions turn out to be true, then a marketing plan could be developed working with experts in marketing to the Arabic speaking communities in target countries. To build comfort levels, advertising should be in Arabic, using Arabic newspapers, magazines, radio and television, marketing through affinity groups such as religious institutions, social clubs, etc. As an example of an affinity group, attached is the web page of the Jordanian-American Association, also on-line at <http://jaasf.org/>

If Jordan wants to partner with tourism agencies, one question would be: Which would be better:

1. Work with an established medical tourism agency and teach them about Jordan and its facilities? or
2. Work with travel agencies that specializes in the Middle East but that may have no background in medical tourism

In the first case, Jordan would probably be one of several countries represented by the agent. There would be less start up time educating the agents about medical tourism, but little assurance that Jordan would be the recommended destination.

In the second case, there would be familiarity with the destination, and perhaps some loyalty to a Middle Eastern destination. However, the agent would have to either add staff that knows medical tourism, or be trained in the issues.

There is always a fear that this kind of targeted marketing ignores a lot of potential customers. Well, if it misses them, what was the probability of their choosing Jordan as their medical tourism destination at all? And this kind of approach puts Jordan in the driver's seat for these customers. What Arabic-speaking restaurant owner from Detroit will choose Thailand (or Hungary or Brazil) for his coronary bypass if he can come to Jordan and be in an environment he knows and still get affordable, world-class medical care?

### **C. Expanding Jordan's International Medical Business Vision**

Jordan's focus for medical tourism is on attracting international patients. The vision can be broadened to include provision of other medical services that rely on Jordan's well-trained workforce. This might include clinical laboratory testing, radiology and pathology services, manufacturing of dental prosthetics and similar skilled services.

## VIII. Selected Resources

### Books

Medical Tourism in Developing Countries, Authors: Bookman and Bookman

Patients Beyond Borders: Everybody's Guide to Affordable, World-Class Medical Tourism by Josef Woodman

The Medical Tourism Travel Guide: Your Complete Reference to Top-Quality, Low-Cost Dental, Cosmetic, Medical Care & Surgery Overseas by Paul Gahlinger

The Complete Medical Tourist: Your Guide to Inexpensive and Safe Cosmetic, Medical and Dental Surgery Overseas by David Hancock

Medical tourism--health care in the global economy.(Trends): An article from: *Physician Executive* by Michael D. Horowitz and Jeffrey A. Rosensweig

Medical tourism: the ultimate outsourcing.(CURRENT PRACTICES): An article from: *Human Resource Planning* by Joseph Marlowe and Paul Sullivan

Beauty from Afar: A Medical Tourist's Guide to Affordable and Quality Cosmetic Care Outside the U.S. by Jeff Schult, John Corey, and Curtis Schroeder

Now boarding: last year nearly a million Americans traveled abroad for health-care procedures, and some health plans are offering coverage.(Medical Tourism: ... BENEFITS): An article from: *Best's Review* by Lori Chordas

State of the Heart: A Medical Tourist's True Story of Lifesaving Surgery in India by Maggi Ann Grace

Examples of Websites related to Medical Tourism

[medical tourism \*\*india\*\*](#)

[medical tourism \*\*thailand\*\*](#)

[medical tourism \*\*mexico\*\*](#)

[medical tourism \*\*costa rica\*\*](#)

[medical tourism \*\*brazil\*\*](#)

[medical tourism \*\*philippines\*\*](#)

[\*\*dental\*\* tourism](#)

<http://www.planethospital.com>

<http://www.globalmednetwork.com>

<http://www.healthtravelguides.com>

<http://www.medtrava.com> Focus on India

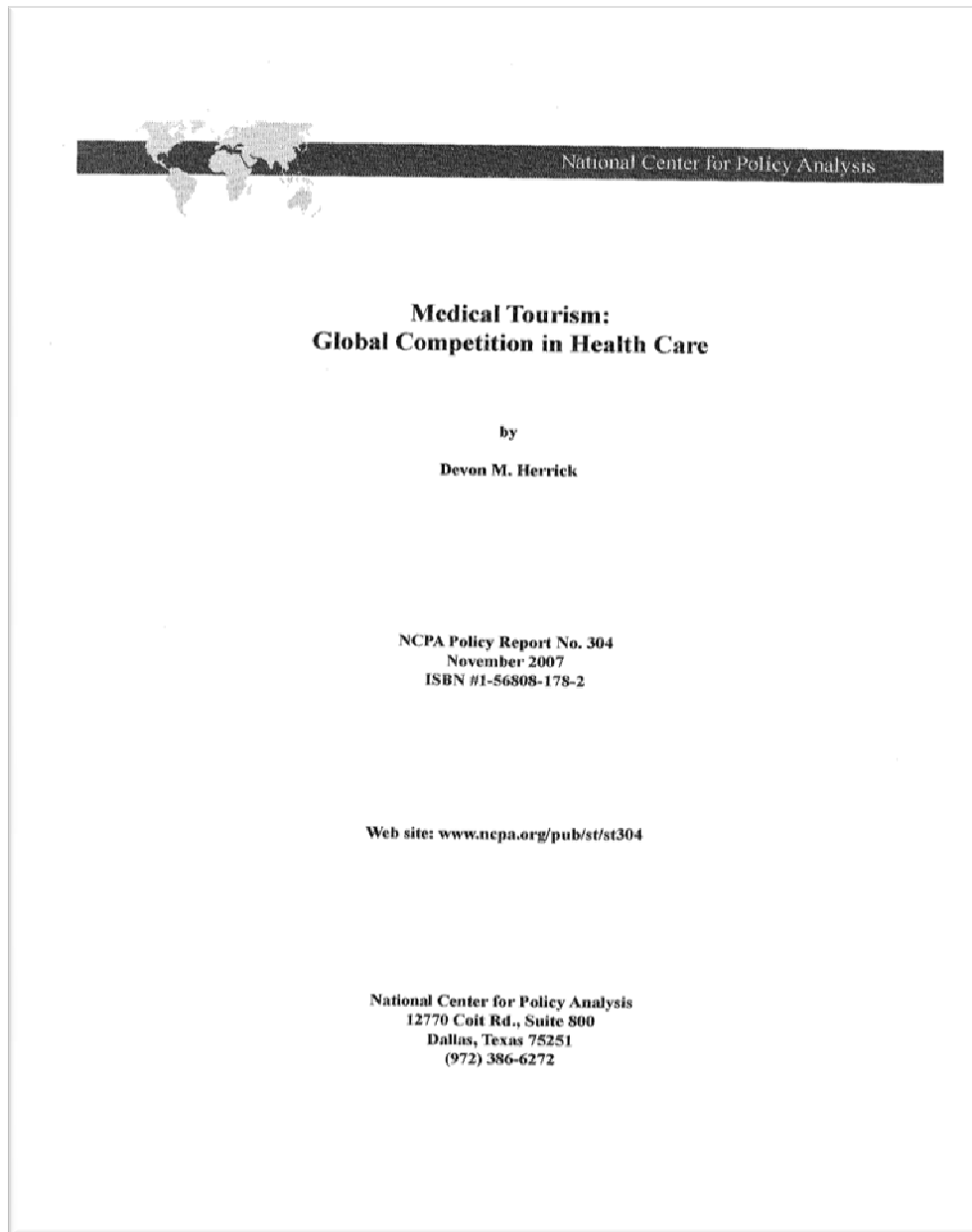
<http://www.medicaltourismpartners.com> Primary focus on Thailand

<http://oneworldhealthcare.org> Samitivej Hospital

<http://www.worldmedassist.com> Anadolu Medical Center, affiliated with Johns Hopkins

The following is the cover page from a report on Medical Tourism published by the National Center for Policy Analysis, Dallas, Texas, USA.

The entire 40-page report is available on the Internet at  
<http://www.ncpa.org/pub/st/st304/st304.pdf>





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