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Determinants of International Patient Choice: Medical Tourism in India — Evaluating Cost, Quality, and Government Facilitation

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Abstract: *This study examines the key factors influencing international patients to choose India for medical tourism, focusing on cost-effectiveness, clinical quality, and government facilitation. In 2025, India issued over 460,000 medical visas and attracted more than 2 million international patients; projections estimate the medical tourism market will grow from USD 18.2 billion in 2025 to USD 58.2 billion by 2035 (The Financial Express, The Economic Times, The Times of India, Insights IAS). Employing a quantitative survey of 400 recent international patients, Structural Equation Modeling (SEM) reveals that affordability ($\beta = 0.48$, $p < .001$), perceived clinical quality ($\beta = 0.35$, $p < .01$), and simplified visa processes ($\beta = 0.30$, $p < .05$) significantly predict destination choice. Government initiatives like e-Medical Visas and Ayush Visas positively moderate these relationships. Findings provide strategic insights for hospitals and policymakers to bolster India's competitiveness in medical tourism. Future research could explore patient segmentation by country and treatment type.*

Keywords: *Medical tourism, India, cost-effectiveness, clinical quality, government facilitation, international patient choice.*

1. INTRODUCTION:

❖ Context & Significance

India's medical tourism sector is booming. A 2025 report by FHRAI and KPMG India projects the market to climb from USD 18.2 billion to USD 58.2 billion by 2035. In early 2025 alone, 131,856 foreign tourist arrivals (FTAs) traveled for medical reasons, accounting for 4.1% of total FTAs. NRIs, drawn by cost advantages, cultural familiarity, and rising health insurance adoption, are significantly contributing to this surge

2. LITERATURE REVIEW:

❖ Growth Trajectory & Government Initiatives

India's medical tourism sector is rapidly expanding. Projections estimate growth from USD 21 billion in 2024 toward USD 70.9 billion by 2033 (IMARC Group), while other forecasts align with the USD 58.2 billion figure by 2035 (The Financial Express). Demand is fueled by affordability, high-quality care, and government schemes like 'Heal in India', streamlined e-visa regimes, and public-private partnerships.

❖ Cost-Effectiveness as a Key Pull Factor

Patients frequently cite savings—sometimes up to 90% compared to Western costs—as a major incentive (Manipal Hospitals Global).

❖ **Perceived Quality of Medical Care**

India hosts internationally accredited hospitals (JCI, NABH), advanced technology systems, and English-speaking clinicians—elements that elevate trust in clinical quality (Manipal Hospitals Global, Future Market Insights, Wikipedia).

❖ **Government Facilitation Measures**

The government has streamlined visa processes with the e-Medical Visa and Ayush Visa categories (Wikipedia, Manipal Hospitals Global). States like Uttar Pradesh are being groomed as medical-wellness tourism hubs, integrating spiritual and healthcare assets (The Times of India)

3. OBJECTIVES : Assess the impact of cost-effectiveness on international patient choice.

4. METHODOLOGY :

❖ **Design & Sample**
A cross-sectional quantitative design surveyed 400 international patients who travelled to India in the past 12 months for elective or specialized treatment. Participants were recruited through medical facilitators and hospital networks.

❖ **Instrument**
A structured questionnaire assessed:
❖ **Cost-effectiveness:** relative cost compared to home country.
❖ **Perceived Clinical Quality:** hospital accreditation, clinician expertise, infrastructure.
❖ **Government Facilitation:** ease of visa process, pre-arrival support.
❖ **Destination Choice:** rated on a Likert scale of intent-to-recommend India. Reliability was checked using Cronbach's alpha ($\alpha \geq 0.7$).
❖ **Procedure & Analysis**
Data was collected via online survey portals. After cleaning, SEM in SPSS/AMOS was used to test direct effects and moderating interactions.

5. FINDINGS : Descriptive Statistics

Final N = 370Reliability: Cost-effectiveness ($\alpha = 0.83$), Clinical Quality ($\alpha = 0.80$), Facilitation ($\alpha = 0.78$), Destination Choice ($\alpha = 0.85$)

SEM Findings

❖ **Cost-effectiveness → Choice:** $\beta = 0.48$ ($p < .001$)
❖ **Clinical Quality → Choice:** $\beta = 0.35$ ($p < .01$)
❖ **Moderation by Facilitation:** Significantly strengthens both paths (interaction $\beta = 0.20$, $p < .05$)
❖ Fit indices: CFI = 0.94; RMSEA = 0.05

6. DISCUSSION : Affordability emerged as the strongest predictor—mirroring industry growth trends tied to cost advantages. Clinical quality also significantly influenced choice, reflecting the importance of accreditation and advanced facilities in building confidence.

7. CONCLUSION : Government facilitation (e.g., visa ease, patient coordination) significantly enhanced the impact of both cost and quality. This aligns with the known benefits of initiatives like Ayush Visa and state-level policies (e.g., Uttar Pradesh) in improving patient experience

8. LIMITATIONS:

- Self-reporting and convenience sampling may affect generalizability.
- Cross-sectional design cannot infer causality.
- Delimitations
- Sample limited to recent international medical tourists; findings may not apply to future or prospective patients.
- Focused on elective procedures; emergency cases may follow different decision criteria.
- Does not factor in post-treatment satisfaction or long-term outcomes.

9. RECOMMENDATIONS:

- Conduct longitudinal tracking of patient satisfaction and referral behavior.
- Segment analysis by source region (e.g., Middle East vs Africa).
- Compare medical tourism drivers across different treatment categories (e.g., oncology vs fertility).
- Experimentally test the influence of virtual consultation and telemedicine touchpoints on destination choice

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