



Trust, Quality, and Patient-Safety in Global Medical Travel

Evidence from the GHA IMPACT™ Study



**GLOBAL HEALTHCARE
ACCREDITATION®**

Dear Colleagues,

Trust remains one of the most important drivers in healthcare decision-making, particularly in the rapidly evolving field of medical travel. Through the GHA IMPACT™ Study, we sought to better understand the perspectives of patients, healthcare leaders, and international buyers regarding accreditation, quality, and patient experience.

The findings presented in this report provide valuable insights into the factors influencing trust, referral decisions, and organizational performance. They also highlight opportunities for healthcare organizations to strengthen patient-centered care and position themselves for sustainable growth in an increasingly competitive global marketplace.

We are pleased to share these findings and hope they contribute to meaningful discussions about the future of healthcare quality and international patient services.

Thank you to all participants who contributed their time and expertise to this important initiative.

Sincerely,

Renee-Marie Stephano, JD

Contents

- Chapter 1: Introduction & Background 5**
 - Purpose and Aim of IMPACT™ 6
 - Why This Study Is Seminal.....7
 - Implications for the Future of Medical Travel.....7
- Chapter 2: Study Methodology 9**
 - Study Design and Purpose 9
 - Study Population and Sampling Strategy 9
 - Data Collection Instruments and Procedures10
 - Thematic Domains..... 11
 - Data Preparation and Cleaning 11
 - Analytical Approach12
 - Ethical Considerations.....12
 - Methodological Limitations.....12
- Chapter 3: Results And Findings14**
 - Overview of Findings.....14
 - Patient Findings: Decision-Making, Trust, and Experience14
 - Healthcare Leader Findings: Accreditation, Performance, and Readiness17
 - Buyer and Referrer Findings: Trust as Risk Management.....19
 - Cross-Stakeholder Patterns and Emerging Themes21
 - Summary of Findings22
- Chapter 4: Discussion 23**
 - Section I: From Differentiation to Infrastructure: Reframing Accreditation for the Future of Global Medical Travel23
 - Trust Drivers Revealed by the Findings: Implications for Hospitals.....23
 - Accreditation as Enterprise Risk Management.....25
 - Workforce Implications: Accreditation as a Talent Strategy.....26
 - Market Differentiation in a Maturing Ecosystem27
 - Defining the Global Patient Experience Index™32

Section II: Strengthening Local Systems Through Global Engagement34

- Infrastructure Investments That Spill Over Locally34
- Workforce Development and Retention in Regional Markets35
- Expanding Access Through Regional Referral Networks35
- GHA's Role in Aligning Global Reach with Local Impact.....36

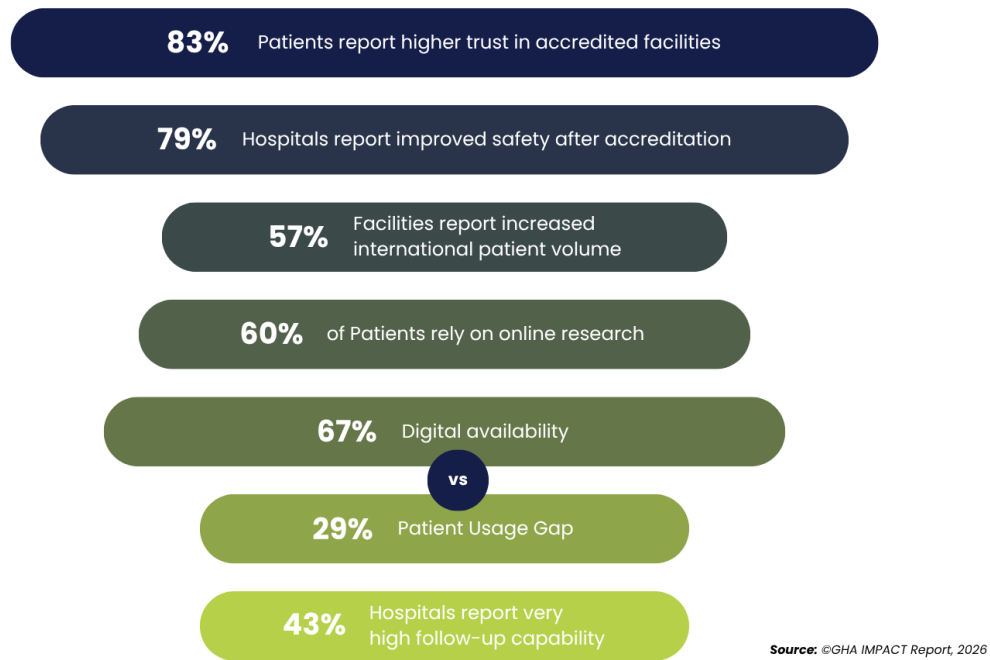
Chapter 5: Conclusion..... 38

- Trust *Is* the Destination: Defining the Next Era of Global Medical Travel38
- Accreditation as the Architecture of Trust38
- A Call to Action39

References.....40

Chapter 1: Introduction & Background

Global healthcare delivery is undergoing a profound transformation. Demographic change, rising chronic disease burden, persistent workforce shortages, accelerating digitalization, financial constraints, and heightened expectations for transparency and accountability are reshaping how healthcare systems operate worldwide [1]. These forces converge most visibly in the domain of medical travel and cross-border care, where patients, providers, and health systems must contend with unfamiliar regulatory environments, variable quality standards, and fragmented care pathways [2].



Within this increasingly complex landscape, trust has emerged as the defining currency of global medical travel. Patients seeking care beyond their national borders must make high-stakes decisions in the absence of familiar institutional safeguards. Healthcare providers must demonstrate reliability, safety, and continuity across jurisdictions. Buyers, referrers, insurers, and employers must manage clinical, financial, and reputational risk. In this environment, trust can no longer be assumed; it must be systematically built, verified, and sustained.



The findings confirm that accreditation is one of the strongest drivers of trust, safety perception, and decision confidence in global medical travel. As awareness continues to grow, accreditation is increasingly influencing how patients, providers, and buyers evaluate cross-border care.

Global Healthcare Accreditation: Building the Trust Infrastructure of Global Medical Travel

Global Healthcare Accreditation (GHA) has emerged as a central authority in this trust-based ecosystem. Through its focus on patient safety, quality, continuity of care, cultural competence, and operational readiness for international patients, GHA provides a standardized framework for evaluating and strengthening healthcare delivery in cross-border contexts. Unlike traditional accreditation models that emphasize compliance within domestic systems, GHA's approach is explicitly global, designed to address the unique risks, expectations, and complexities of medical travel.

GHA's role extends beyond certification. As a convener of global stakeholders, a steward of best practices, and a generator of evidence-based insight, GHA functions as both a quality assurance body and a knowledge authority. Its standards, programs, and research initiatives are increasingly used by healthcare organizations, policymakers, buyers, and patients as benchmarks for trust, safety, and system readiness in international care.

Purpose and Aim of IMPACT™

IMPACT™ (International Medical Practice Assessment of Care and Trust) is Global Healthcare Accreditation's flagship research initiative in partnership with International Research Center, measuring international medical travel through the eyes of patients, providers, and purchasers. It is the most comprehensive, globally benchmarked study of satisfaction, safety, trust, outcomes, and care experience in cross-border healthcare. The study was designed to answer critical questions facing the global healthcare industry:

- What drives trust and decision-making among patients considering or using cross-border care?
- How do healthcare leaders perceive the operational, workforce, digital, and fiscal impact of international accreditation?

- How do buyer and referrer expectations align with, or diverge from, patient and provider perspectives?
- What capabilities will define medical travel readiness and competitiveness in the decade ahead?

To address these questions, IMPACT™ integrates perspectives from patients, healthcare leaders, and buyers/referrers across multiple regions and care settings. This multi-stakeholder design distinguishes the study from traditional patient satisfaction surveys or single-cohort industry reports. By capturing behavioral drivers, system readiness, and forward-looking priorities simultaneously, IMPACT™ provides a comprehensive view of the trust infrastructure underpinning global medical travel.

Why This Study Is Seminal

IMPACT™ represents one of the most comprehensive, globally benchmarked examinations of trust, accreditation, and care experience in cross-border healthcare to date. Few studies have simultaneously captured patient perceptions, provider capabilities, and buyer risk considerations within a single analytical framework. Fewer still have explicitly linked these perspectives to accreditation as a unifying mechanism [3].

IMPACT™ is seminal for several reasons. First, it reframes accreditation from a compliance exercise or marketing differentiator into a core component of risk management and system performance. Second, it moves beyond episodic views of medical travel to examine the full continuum of care, including safety communication. Third, it situates medical travel within broader global healthcare transformations including workforce constraints, digital maturity, value-based care, and sustainability, rather than treating it as a standalone market.

By anchoring its analysis in real-world data from patients, leaders, and buyers, IMPACT™ provides empirical grounding for conversations that have often been driven by anecdote or assumption. It establishes a shared evidence base that can inform strategy, policy, accreditation standards, and investment decisions across the global healthcare ecosystem. Combined with GHA's Medical Travel Benchmarking Report 2026, IMPACT™ lays the groundwork for the next generation of medical travel services and validating the new benchmark for travel patient programs.

Implications for the Future of Medical Travel

The findings of the IMPACT™ Study point to a fundamental shift in how medical travel will be evaluated, delivered, and governed in the years ahead. Trust is no longer driven primarily by reputation, price differentials, or destination branding. Instead, it is built through demonstrable

quality standards, clear safety communication, digital accessibility, and continuity of care beyond the point of treatment.

Accreditation emerges as a central organizing mechanism in this future state, serving as a common language of trust across patients, providers, and buyers. Digital tools are increasingly seen not as optional enhancements but as essential enablers of confidence and coordination. Aftercare and follow-up are moving from peripheral services to core determinants of perceived quality and risk. Sustainability and social responsibility, while not yet primary drivers, are becoming baseline expectations, particularly among younger and globally mobile populations.

Taken together, these shifts suggest that medical travel is evolving from a transaction-based model to an integrated, system-level component of global healthcare delivery. Organizations that invest in accreditation, digital maturity, workforce development, and structured continuity of care will be best positioned to succeed in this environment.

As global healthcare continues to evolve, the role of Global Healthcare Accreditation will become increasingly important to the ecosystem [2]. By defining standards, generating evidence, and translating insights into practical frameworks, GHA is positioned to shape not only how medical travel is delivered, but how trust is operationalized across borders.

IMPACT™ positions GHA at the center of this transformation by providing the findings, insights, and strategic direction needed to build a safer, more transparent, and more trusted global medical travel ecosystem. The information that follows explores the study's findings in detail, offering evidence-based insights and implications for healthcare leaders, policymakers, buyers, and providers planning for the future of cross-border care.

Chapter 2: Study Methodology

Study Design and Purpose

IMPACT™ was conducted as a cross-sectional, mixed-methods research initiative designed to examine trust, safety, accreditation, and system readiness in global medical travel. The study was developed and led by Global Healthcare Accreditation to generate empirically grounded insights into how patients, healthcare leaders, and buyers/referrers perceive and evaluate cross-border healthcare delivery.

The primary objective of the study was to identify patterns in decision-making, trust formation, perceived risk, and readiness for international care, with particular attention to the role of accreditation, digital enablement, aftercare continuity, and safety communication. The study was not designed to predict utilization volumes or establish causal relationships, but rather to benchmark perceptions, behaviors, and system capabilities across stakeholder groups.

Study Population and Sampling Strategy

The IMPACT™ Study captured perspectives from three distinct stakeholder cohorts:

- Patients and potential medical travelers
- Healthcare leaders and facility representatives
- Buyers and referrers involved in medical travel

A purposive sampling approach was used to recruit participants directly engaged in or considering cross-border healthcare. The final dataset comprised 238 patient respondents and 231 healthcare leaders and buyer/referrer respondents representing facilities and intermediaries across more than 40 countries. This approach ensured relevance and domain expertise within each cohort while enabling comparative analysis across groups [4].

Patient Sample

The patient cohort (n=238) included 75 individuals who had traveled internationally for medical care within the previous 24 months and 163 prospective travelers actively considering cross-border care. This dual-cohort design enabled comparative insights between experienced and prospective medical travelers.

Patients were recruited through two primary channels:

- Client organizations that invited their own patients to participate
- The Medical Tourism Association (MTA) patient database, comprising approximately 15,000 individuals

Participation was voluntary and anonymous. Participating patients were offered a charitable donation made on their behalf to an international nonprofit organization of their choosing.

Healthcare Leader Sample

The combined leader and buyer/referrer survey collected 231 responses. The healthcare leader cohort included executives, administrators, clinical leaders, accreditation managers, and international patient services professionals representing hospitals, clinics, wellness centers, ambulatory facilities, and academic medical centers across more than 40 countries.

Leaders were recruited through professional networks, direct outreach, and LinkedIn groups, with a combined estimated reach of approximately 400,000 healthcare professionals globally. Respondents were offered timely access to executive-level insights from the study as an incentive for participation.

Buyer and Referrer Sample

A subset of 74 respondents was routed to buyer- and referrer-specific survey modules. This cohort included medical travel facilitators, referring physicians, insurers, employer representatives, and travel-related intermediaries. While smaller in number, the group provided critical qualitative and directional insights into referral behavior, risk management, and operational friction in medical travel.

Data Collection Instruments and Procedures

Data was collected using structured online questionnaires developed and administered via Typeform. Separate survey instruments were designed for patients and healthcare leaders, with embedded routing logic to direct buyers and referrers to a dedicated module.

Each survey contained 30 to 40 items, including:

- Multiple-choice questions
- Select-all-that-apply questions
- Likert-scale and rating-scale items
- Open-text "Other (please specify)" fields

Branch logic was used throughout to minimize respondent burden and ensure participants were only presented with relevant questions based on prior responses. Question order was fixed rather than randomized to preserve conceptual flow. Typeform’s “limit to one response per device” setting was enabled to reduce the risk of duplicate submissions.

Participants were informed of the study’s purpose, voluntary nature, estimated completion time, and data anonymity prior to participation. Optional email collection was included at the end of the patient survey for respondents who wished to share additional context; these email addresses were stored separately and not linked to individual survey responses.

Thematic Domains

Both patient and healthcare leader surveys were structured around shared thematic domains to support cross-cohort interpretation:

- Healthcare decision-making and drivers
- Patient safety and risk management
- Accreditation awareness and trust
- Aftercare and continuity of care
- Digital transformation and data exchange
- Workforce and leadership development
- Environmental sustainability

Buyer-specific modules additionally addressed referral criteria, payment security, operational challenges, and coordination across borders.

Data Preparation and Cleaning

Survey responses were exported from Typeform in CSV format for analysis. Data cleaning procedures included:

- Screening for duplicate responses
- Standardizing categorical variables
- Recoding Likert-scale items into consistent numerical formats
- Separating multi-select questions into binary indicator variables
- Excluding incomplete or invalid responses

Open responses were extracted and stored separately for qualitative review and thematic coding.

Analytical Approach

The IMPACT™ Study employed a primarily descriptive and comparative analytical framework, consistent with its objective of identifying patterns and readiness signals rather than causal inference [5].

Quantitative Analysis

Descriptive statistics (frequencies and percentages) were used to summarize response distributions within and across cohorts. Comparative descriptive analysis was applied to examine differences between:

- Past medical travelers and potential medical travelers
- Accredited and non-accredited facility experiences
- Accredited, in-process, and non-accredited healthcare organizations

Where appropriate, chi-square tests were selectively applied to assess whether observed differences in trust, satisfaction, and willingness to choose accredited facilities were statistically significant. These tests were used conservatively and only when sample sizes and category distributions were adequate.

No regression, correlation modeling, or predictive analytics were conducted, in alignment with the study's exploration and benchmarking intent.

Qualitative Analysis

Open-text responses were analyzed using thematic analysis to identify recurring concerns, motivations, barriers, and trust signals. Themes were coded iteratively and reviewed for consistency across stakeholder groups. Qualitative findings were used to contextualize and deepen interpretation of quantitative patterns rather than to generate standalone conclusions.

Ethical Considerations

The study was conducted in accordance with standard ethical research practices for voluntary survey research. Participation was anonymous, no personally identifiable health information was collected, and respondents were free to withdraw at any time. Data were stored securely and used solely for research and reporting purposes.

Methodological Limitations

As with all cross-sectional survey research, the IMPACT™ Study has inherent limitations [6]. Results reflect self-reported perceptions and experiences at a single point in time and may be

influenced by recall bias or respondent interpretation. The use of purposive sampling limits generalizability to the broader global population; however, it strengthens relevance and insight for stakeholders actively engaged in medical travel.

Despite these limitations, the multi-stakeholder design, geographic diversity, and thematic depth of the study provide a solid foundation for understanding trust and readiness in global medical travel.

Chapter 3: Results And Findings

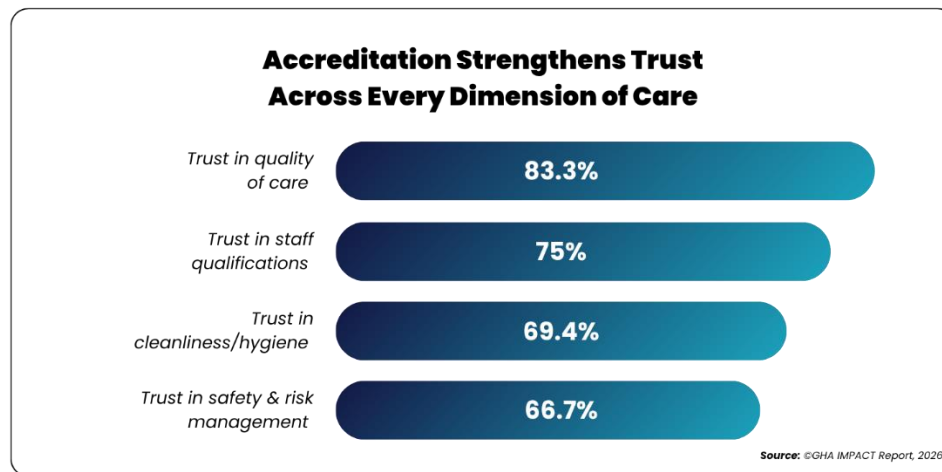
Overview of Findings

IMPACT™ generated a multidimensional view of trust, decision-making, and system readiness in global medical travel by integrating perspectives from patients, healthcare leaders, and buyers/referrers. Across stakeholder groups, the findings revealed strong alignment around the vital importance of **trust**, defined not as a singular attribute but as an outcome of accreditation, safety assurance, communication, digital accessibility, and continuity of care.

While motivations and priorities varied by role, consistent patterns emerged. Accreditation functioned as a key trust signal across all cohorts, though awareness and visibility varied. Digital tools enhanced confidence and preparedness but were unevenly implemented. Aftercare and follow-up emerged as decisive trust drivers, particularly for prospective patients and buyers. Financial transparency, infection prevention, and communication speed, style, and quality consistently shaped perceptions of risk and value.

The following sections present results by stakeholder group and thematic domain.

Patient Findings: Decision-Making, Trust, and Experience



Drivers of Medical Travel Decisions

Patients identified quality of care, access to specialized services, and cost considerations as the primary drivers of medical travel decisions. Experienced medical travelers and prospective

travelers shared similar motivations, though prospective travelers placed greater emphasis on external validation and risk mitigation.

Accreditation emerged as a significant decision-making factor, with a substantial proportion of respondents indicating that accreditation influenced their willingness to seek care abroad.

However, findings also revealed gaps in accreditation awareness throughout the patient journey.



While accreditation already plays a significant role in building trust, the findings highlight a clear opportunity to further strengthen its visibility and impact throughout the patient journey.

Patients who had already traveled for care were uncertain whether the facility they used was accredited, suggesting that accreditation was not always clearly communicated or visible to enhance trust throughout the journey. At the same time patients without awareness indicated medical travel accreditation would be a positive motivation for decision making in the future.

A particularly striking finding in this domain was the complete absence of accreditation bodies as patient discovery channels. When asked how they first learned about the facility where they received care, not one of the 75 patients who had traveled for medical care in the previous 24 months indicated they found their facility through an international accreditation organization's directory or website. The primary discovery channels were online research (60%), personal recommendations (25%), and medical tourism facilitators (20%). This finding has direct implications for how accreditation bodies communicate their value to end patients, and points to a structural gap between the trust that accreditation generates once known and the visibility it achieves at the point of decision-making.

Trust, Safety, and Communication

Patients consistently associated trust with perceived safety and clarity of communication rather than with clinical outcomes alone. Most respondents reported confidence in safety

protocols, yet a notable minority indicated that safety procedures, infection prevention measures, or emergency protocols were not clearly explained.



While accreditation already plays a significant role in building trust, the findings highlight a clear opportunity to further strengthen its visibility and impact throughout the patient journey

Patients who reported receiving care at accredited facilities were more likely to express higher confidence in safety standards and institutional reliability. This connection between confidence and safety was particularly evident among prospective travelers, for whom accreditation served as a proxy for safety and governance in unfamiliar healthcare systems.

Aftercare and Continuity of Care

Aftercare and follow-up emerged as critical determinants of trust and satisfaction. Patients treated at accredited facilities more frequently reported clear discharge instructions, defined follow-up plans, and access to post-treatment support. In contrast, uncertainty regarding follow-up care, infection risk, and coordination with home-country providers remained prominent concerns among prospective travelers and those who received treatment at facilities where accreditation was lacking or unknown.

These findings underscored the importance of continuity of care as part of the medical travel experience rather than as an ancillary service [7]. Patients evaluated care quality not only at the point of treatment, but across the full recovery and reintegration period.

Digital Experience and Health Information Exchange

Digital tools, including telemedicine, online portals, and electronic record sharing, were widely used and viewed as beneficial [8]. Patients reported that virtual consultations improved preparedness and reduced anxiety prior to travel. However, a considerable proportion experienced challenges transferring medical records across borders or accessing post-treatment information after returning home.

These digital gaps undermined continuity and reinforced perceptions of risk, highlighting interoperability and the need for trusted digital record transfer as a key readiness issue in global medical travel [9].

The nature of current record-sharing practices illustrates the urgency of this issue in concrete terms. IMPACT™ found that 56% of patients shared sensitive medical information via email, and 38% did so via WhatsApp or other consumer messaging applications, both channels that lack encryption standards appropriate for protected health information. Only 22% used a secure patient portal, and 11% used an encrypted document upload tool. This behavior exists not because patients are indifferent to privacy, but because secure alternatives are rarely offered: only 36% of healthcare facilities reported offering EMR transfer services to international patients. Among prospective patients, 83% rated electronic medical record sharing between local and non-local providers as "very" or "somewhat" important, making the current delivery gap one of the most clearly articulated unmet needs in the study.

Healthcare Leader Findings: Accreditation, Performance, and Readiness

Accreditation Status and Strategic Orientation

Among healthcare leader respondents, the majority represented facilities serving international or traveling patients, with a substantial proportion holding international accreditation for patient safety, quality, medical travel, or both.

Leaders of accredited facilities reported stronger perceptions of performance improvement across multiple domains, including patient safety, clinical governance, operational efficiency, and global reputation. Accreditation was frequently described as a framework that enabled consistency, accountability, and scalability rather than as a purely regulatory requirement.



As the global medical travel ecosystem matures, accreditation is evolving from a quality differentiator into a central component of trust infrastructure.

GHA is at the forefront of this transformation, advancing both the standards and the visibility of accredited care worldwide.

Facilities without accreditation cited cost, administrative burden, and uncertainty around return on investment as primary barriers, although healthcare leaders indicated that accreditation was under consideration.

Impact of Accreditation on Organizational Performance

Healthcare leaders reported that accreditation was associated with measurable improvements in patient safety standards and quality systems. Leaders also identified enhanced trust among international patients, improved reputation in global markets, and greater readiness to engage buyers and referrers.

Accredited facilities were more likely to report improvements in workforce training, performance expectations, and accountability [10]. Leaders described accreditation as a stabilizing force for retention and recruitment in an environment characterized by workforce shortages and increasing complexity of care delivery.

Digital Transformation and AI Adoption

Most healthcare facilities reported offering foundational digital tools such as telemedicine, AI assisted chatbots, and patient portals. Fewer had implemented advanced technologies such as AI-assisted diagnostics or remote patient monitoring. Leaders viewed digital transformation as beneficial, citing improved efficiency and patient engagement.

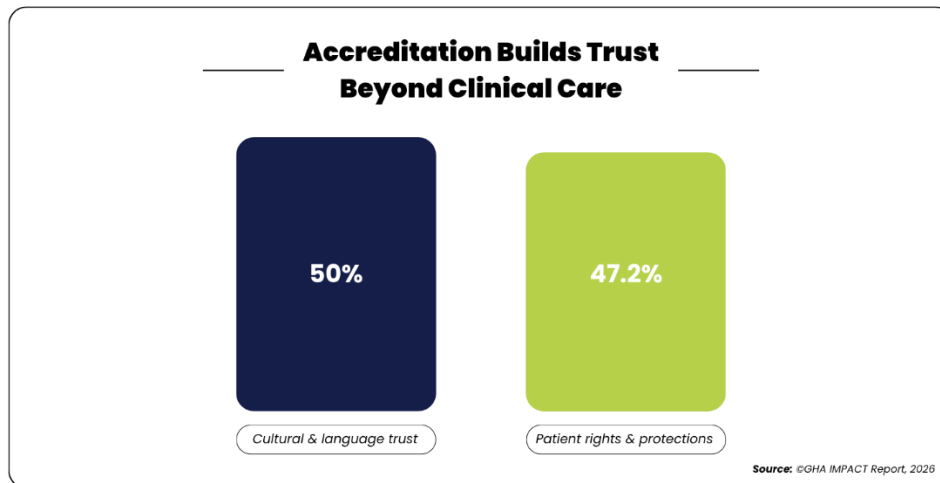
However, significant barriers remained. Cost, system integration challenges, regulatory compliance, and data-privacy concerns limited broader adoption [9]. Leaders also identified patient trust in digital and AI tools as an important consideration, particularly in cross-border contexts where data governance expectations vary.

Safety, Infection Prevention, and Follow-Up Capability

Healthcare leaders rated their infection prevention and control strategies as strong overall, particularly in facilities with international accreditation. Similarly, most reported moderate to high capability to provide follow-up care after patients returned home, though variability was evident.

Facilities with more structured international patient programs reported greater proficiency in logistical coordination, financial transactions, and post-discharge support, reinforcing the relationship between organizational maturity and patient trust.

Buyer and Referrer Findings: Trust as Risk Management



Referral Criteria and Decision Drivers

Buyers and referrers approached medical travel decisions through a risk-management lens. Clinical quality, patient safety, and accreditation status ranked among the most crucial factors when evaluating facilities for referrals.

Accreditation was consistently viewed as a mechanism for reducing uncertainty and liability, particularly when combined with transparent pricing, secure payment systems, and documented aftercare pathways. Buyers relied on a small group of trusted facilities, indicating high switching costs and sensitivity to negative experiences.

Patient Concerns Observed by Buyers

Buyers reported that their clients' most common concerns aligned closely with patient-reported findings: unexpected costs, quality and safety assurance, continuity of care, and communication barriers. Insurance reimbursement and payment security were also prominent concerns, particularly in destinations with complex financial processes.

These findings demonstrated strong convergence between patient and buyer perspectives, reinforcing the role of accreditation as a shared trust signal across stakeholders.

Aftercare, Insurance, and Continuity

Buyers emphasized aftercare and complications insurance as critical components of patient trust and successful outcomes. IMPACT™ data showed that 65% of facilitators would

recommend or require complications insurance for high-risk or complex procedures, and 45% for patients traveling long distances with limited access to local follow-up care. A third identified insurance as a tool for enhancing patient trust and satisfaction, and a similar share indicated they would require it when mandated by facilitators, insurers, or accreditation bodies. This signals that accreditation-driven insurance requirements would be welcomed rather than resisted by the buyer community.

A particularly concerning finding was that 30% of facilitators reported their clients' complications or disputes with facilities went unresolved or unacknowledged by the provider, underscoring why insurance and formal dispute resolution protocols are increasingly considered non-negotiable in professional referral relationships.

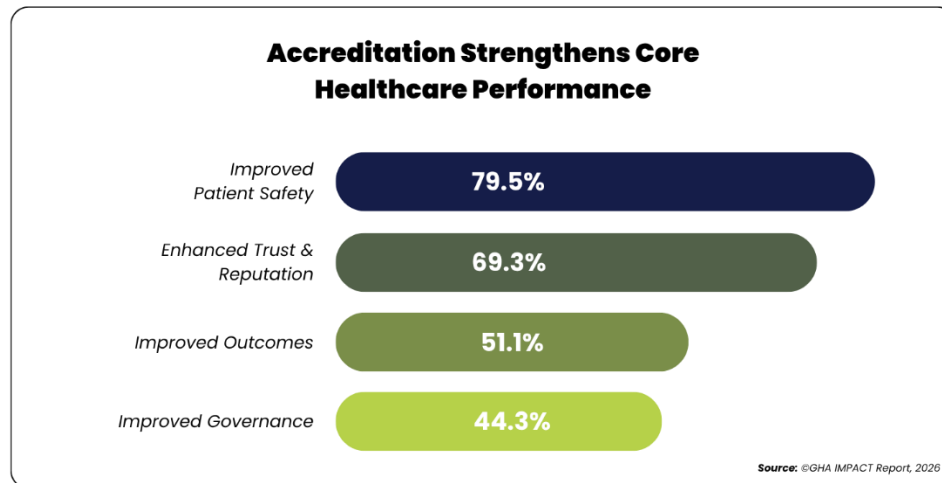
Beyond insurance, buyers reported challenges coordinating aftercare and accessing medical records, particularly when facilities lacked dedicated international patient departments or structured follow-up processes.

Digital Tools and Payment Security

Secure payment platforms, bundled pricing, and clear financial communication were identified as major drivers of referral confidence. Buyers expressed concern about wire transfers, unclear pricing structures, and lack of trusted digital payment options.

Digital platforms that integrated provider information, procedures, and logistics were viewed favorably, suggesting that digital transparency plays an increasingly key role in referral decision-making.

Cross-Stakeholder Patterns and Emerging Themes

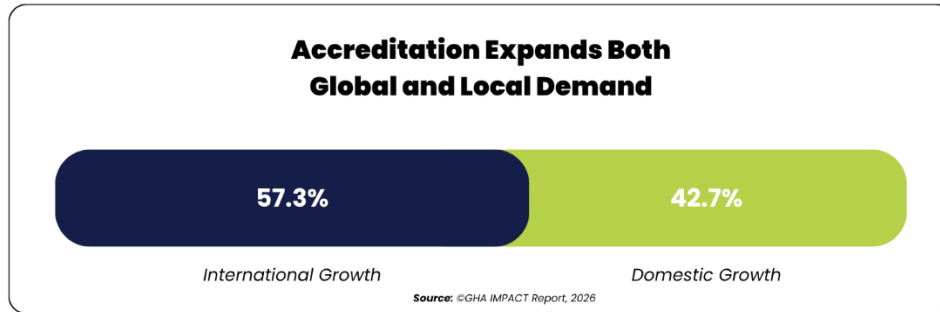


Across patients, healthcare leaders, and buyers, consistent themes emerged:

- Trust was multi-dimensional, built through accreditation, communication, digital access, and continuity rather than reputation or cost alone.
- Accreditation functioned as a common trust language, though its visibility and promotion thereof to patients varied.
- Aftercare and follow-up were decisive, particularly for prospective patients and buyers.
- Digital readiness enhanced confidence, but interoperability gaps undermined continuity.
- Financial transparency and payment security significantly influenced trust and referral behavior.
- Workforce and governance structures supported by accreditation contributed to perceived quality and stability.
- Complications insurance emerged as a shared unmet need across all three cohorts. 89% of patients want to purchase it, 65% of buyers recommend it for high-risk procedures, yet only 26% of facilities make it a universal requirement and 36% would not subsidize it at all.

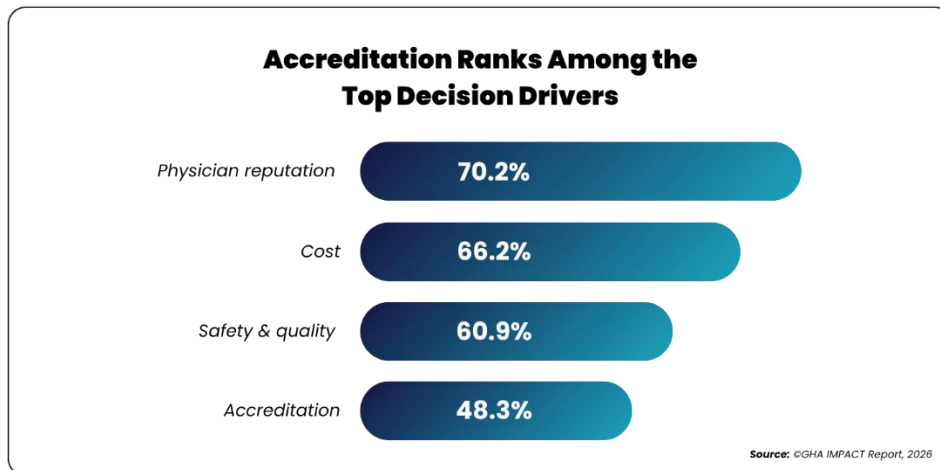
These findings collectively suggested that medical travel is evolving from a transactional model to a system-level care continuum requiring integrated governance, digital infrastructure, and standardized quality frameworks.

Summary of Findings



IMPACT™ demonstrated that trust in global medical travel is no longer incidental; it is constructed through deliberate systems, standards, and experiences. Accreditation, when visible and integrated into the organization’s brand communication, served as a foundational trust mechanism. Digital tools and aftercare pathways shaped confidence across the full care journey. Buyers and providers increasingly evaluated success through risk reduction, continuity, and transparency rather than volume alone.

The implications of these findings for global healthcare strategy, accreditation frameworks, and international patient services are explored in subsequent sections.



Chapter 4: Discussion

Section I: From Differentiation to Infrastructure: Reframing Accreditation for the Future of Global Medical Travel

IMPACT™ findings indicate that global medical travel has entered a phase of structural maturation. What was once a market defined by cost arbitrage, destination appeal, and episodic procedures is increasingly shaped by system reliability, risk governance, and continuity of care. In this environment, accreditation is no longer peripheral; it is foundational.

Across patients, healthcare leaders, and buyers, accreditation consistently appeared as a stabilizing force, associated with higher trust, stronger safety perception, clearer communication, and greater readiness to manage complexity. Importantly, its value was most pronounced when accreditation was treated as more than a marketing signal and embedded into operational, clinical, and workforce systems. This marks a critical inflection point for hospitals planning the future of their medical travel programs.

Trust Drivers Revealed by the Findings: Implications for Hospitals

Trust Is Earned Through Systems, Not Claims

Patient findings demonstrated that trust was intricately linked to tangible experiences: clarity of safety protocols, confidence in infection prevention, availability of follow-up care, and ease of accessing information before and after travel. Patients did not equate trust with reputation alone; they equated it with predictability and transparency.

For hospitals, this implies that trust must be designed into the care experience [11]. Accreditation supports this design by standardizing expectations across departments and phases of care. Medical travel programs that rely on informal processes or individual champions risk variability that undermines confidence. Those that anchor programs in accredited systems create consistency that patients and buyers recognize, even if subconsciously, as trustworthiness [2, 11].

Aftercare and Continuity as Strategic Differentiators

One of the clearest signals from the results was the importance of aftercare. Both patients and buyers identified continuity of care as a primary concern and a decisive factor in willingness to travel. Accredited facilities were more likely to report structured follow-up, clearer discharge planning, and greater coordination with home-country providers.

For hospitals, this reframes aftercare from an operational add-on to a core strategic capability. Medical travel programs that invest in accredited aftercare pathways, partnerships, or recovery networks are not simply improving outcomes; they are reducing perceived risk and increasing market confidence. In future planning, aftercare should be treated as an extension of the clinical service line, governed by the same standards and accountability as inpatient care.

IMPACT™ findings point specifically to an accreditation gap in the aftercare setting itself. 76% of prospective patients said an internationally accredited aftercare facility would increase their trust in medical travel. Yet among actual travelers who used aftercare facilities, 50% were unsure whether the facility they stayed in held any accreditation at all, and only 39% confirmed that it did. Of those who did not use an aftercare facility, 11% cited simply not knowing enough about aftercare to have considered it. This represents a knowledge and standards vacuum that a formal certification program is uniquely positioned to fill. The demand for accredited aftercare is present; the supply of verifiable, credentialed options is not.

Digital Readiness as a Trust Multiplier

The findings revealed broad adoption of basic digital tools, but persistent challenges with interoperability, record exchange, and post-discharge access. Patients and buyers alike associated digital friction with risk, even when clinical quality was perceived as high.

For hospitals, this underscores that digital transformation in medical travel is not primarily about innovation branding, it is about trust preservation. Accreditation frameworks that address data governance, documentation, communication, and continuity across borders provide infrastructure for meaningful digital integration. Medical travel programs that align digital investments with accredited standards will be better positioned to scale safely and meet rising expectations.

Cultural Competence: Closing the Gap Between Policy and Experience

IMPACT™ revealed one of its most actionable gaps in the domain of cultural competency. 59% of healthcare leaders reported that staff are trained in cultural norms and unconscious bias,

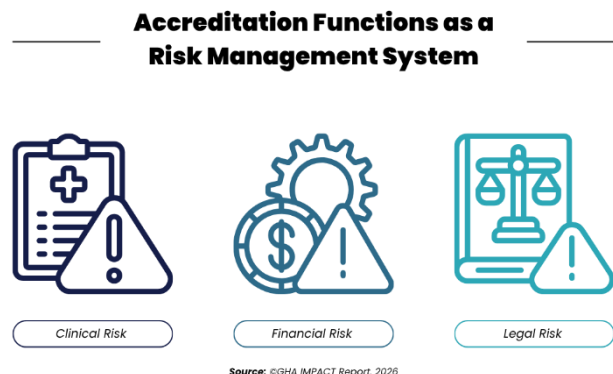
and 55% said multilingual staff or professional interpreters are provided. The patient experience told a markedly different story. Only 21% of actual travelers reported that staff treated their cultural beliefs and practices with respect, and only 29% had digital access to news or media in their preferred language during their stay. Healthcare leaders themselves recognized this as an opportunity area: 49% rated digital access to native-language content as "very beneficial" for international patients.

For hospitals, this gap between documented policy and measurable patient experience represents a governance failure rather than a training failure. Standards exist; verification that they are experienced by patients does not. Accreditation frameworks that incorporate patient-reported outcome measures for cultural competence, rather than relying on institutional self-declaration, would close this loop and create accountability structures that policy documentation alone cannot provide.

Accreditation as Enterprise Risk Management

Buyer Perspectives Clarify the Risk Equation

Buyer and referrer findings were particularly instructive for future planning. Accreditation ranked highly as a referral criterion because it mitigated multiple risk categories simultaneously: clinical risk, financial exposure, legal liability, and reputational damage. Buyers viewed accreditation as a form of due diligence shorthand, a way to reduce uncertainty when operating across borders.



Hospitals seeking to grow international volume of patients must internalize this perspective. Accreditation should be positioned internally not as a discretionary expense or luxury, but as part of enterprise risk management. This includes alignment with infection control, data privacy, payment security, and dispute resolution processes. Medical travel programs that operate outside these frameworks expose the broader institution to outsized risk.

Financial Transparency and Payment Security

Results consistently highlighted pricing clarity and secure payment mechanisms as trust determinants. Unexpected costs, unbundled pricing, and opaque payment processes were cited as common pain points by both patients and buyers.

Hospitals that integrate accreditation with financial governance to include standardized pricing, documented payment processes, and secure platforms, signal reliability to international markets. This integration strengthens referral relationships and reduces friction that can otherwise erode trust even in clinically excellent organizations.

Workforce Implications: Accreditation as a Talent Strategy



Healthcare leader findings showed that accredited facilities reported stronger workforce outcomes, including improved training, accountability, and ability to attract skilled staff [12]. In a global labor market marked by shortages and mobility, these outcomes carry strategic weight.

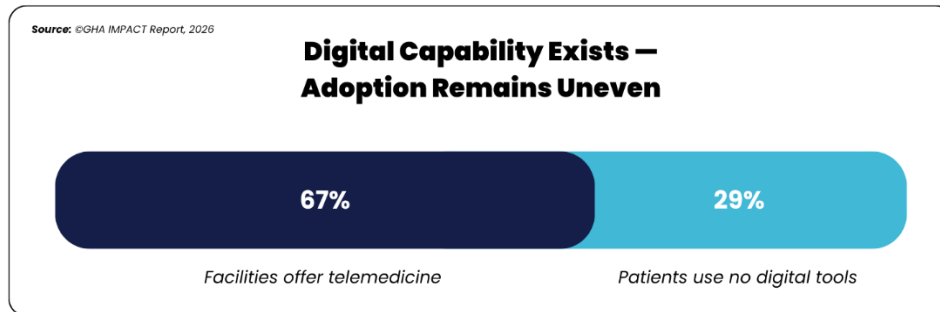
Medical travel programs place unique demands on staff: cultural competence, communication skills, coordination across time zones, and adaptability to diverse patient expectations. Accreditation formalizes these competencies and embeds them into training and performance frameworks.

For hospitals, this positions accreditation as an investment in people, not just systems. Professionals increasingly seek environments that reflect global standards while remaining locally responsive. Accredited medical travel programs signal that an organization values structure, learning, and international credibility, which are attributes that attract and retain talent.

Patients and buyers may not directly observe internal workforce policies, but they experience their effects. Consistent communication, coordinated care, and reliable follow-up all depend on stable, well-trained teams. Accreditation supports this stability by reducing variability and reinforcing shared expectations.

Hospitals planning should therefore view accreditation as a workforce stabilizer that indirectly enhances patient experience and market confidence.

Market Differentiation in a Maturing Ecosystem



The results suggest that medical travel markets are becoming more selective and less forgiving. Buyers increasingly rely on a smaller number of trusted providers, and patients demonstrate low tolerance for uncertainty.

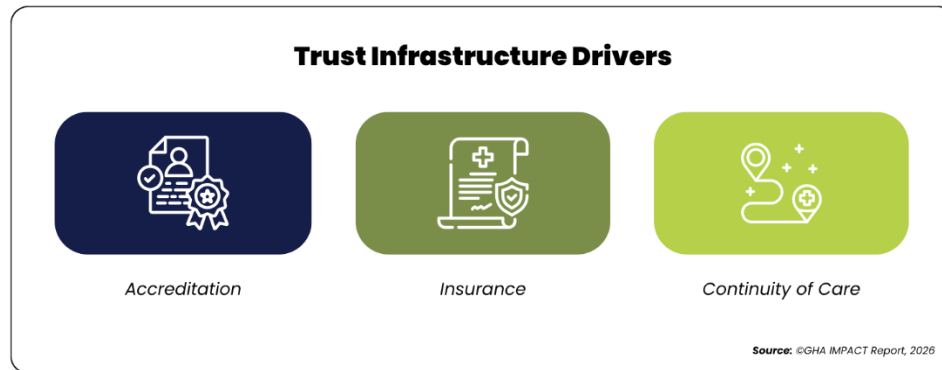
In this context, differentiation is no longer achieved through promotion or pricing alone. It is achieved through institutional maturity, and the ability to deliver consistent, safe, and coordinated care at scale. Accreditation provides the architecture for this maturity.

Hospitals that integrate accreditation deeply into their medical travel programs differentiate themselves not by claiming excellence, but by demonstrating operational readiness. This distinction will become increasingly important as competition intensifies and buyers demand greater accountability.

Strengthening Trust Infrastructure in Medical Travel: Key Gaps and Strategic Opportunities

The findings indicate that while medical travel continues to grow, trust remains a crucial factor influencing patient decision-making. Although accreditation plays a key role in establishing confidence, the data suggests that trust is shaped by multiple factors across the patient experience.

Three areas emerged as requiring further development to strengthen this trust framework: access to complications and travel insurance, continuity of care across borders, and the visibility and consistency of care in accredited versus non-accredited environments.



Complications Insurance: From Optional Add-On to Accreditation Standard

IMPACT™ findings reveal that complications insurance is one of the most consequential and under addressed gaps in the current medical travel ecosystem. Patient demand is unambiguous: 89% of prospective patients expressed willingness to purchase complications insurance, and 84% said that affordable access to complications and travel insurance would increase their trust in pursuing medical travel. These figures represent one of the strongest and most consistent demand signals in the entire study.

Patient willingness to pay is meaningful and price anchored. Approximately 26% indicated they would pay between \$100 and \$200 per trip, 21% between \$200 and \$300, and 32% between \$300 and \$500 or more. Coverage preferences spanned the full care continuum: 76% sought coverage for complications occurring at the facility, 74% for complications arising after discharge while still in the destination country, and 61% for complications that emerge only after returning home, a frequently overlooked risk window with significant implications for both patient outcomes and institutional liability.

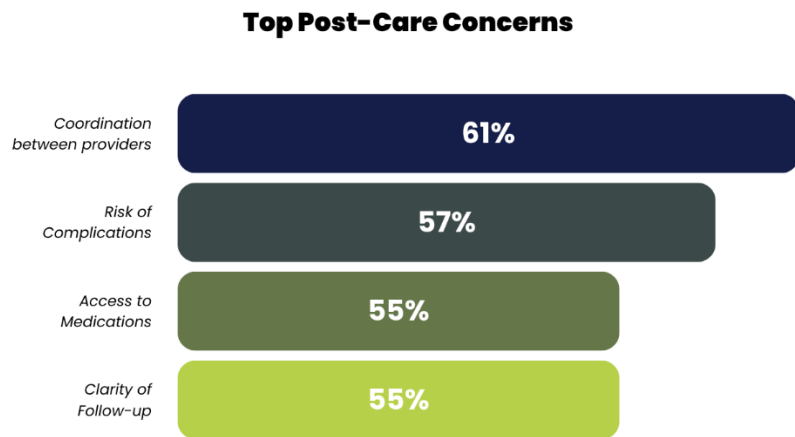
Despite this clear patient demand, the supply-side response remains inconsistent. Among healthcare leaders, only 26% reported that complications insurance is always recommended or required for all traveling patients. More than a third, at 36%, indicated their facility would not subsidize insurance under any circumstance. Buyer and referrer data reinforces the urgency: 65% of facilitators said they would recommend or require complications insurance for high-risk or complex procedures, and 45% for long-distance patients with limited local follow-up access. Approximately 30% of facilitators linked insurance to enhancing patient trust and satisfaction, consistent with patient-reported findings.

The implications for accreditation are direct. Complications insurance currently exists as an informal, inconsistently applied practice rather than a structured standard. Facilities that require or facilitate it do so based on individual judgment rather than governance frameworks. This variability exposes patients, facilities, and referring intermediaries to uneven and often unquantified risk.

An accreditation standard in this domain would serve multiple purposes simultaneously. It would reduce financial and legal exposure to facilities, strengthen referral confidence among buyers, and operationalize a trust signal that patients have clearly articulated they want. In this sense, complications insurance is not a peripheral financial product. It is a continuity-of-care instrument that belongs within the same governance architecture as discharge planning, follow-up protocols, and EMR transfer standards.

Hospitals planning the next generation of international patient programs should treat complications insurance not as an optional patient amenity, but as a component of the care continuum that signals institutional accountability beyond the point of discharge.

Continuity of Care as a Critical Gap and Opportunity



Source: ©GHA IMPACT Report, 2026

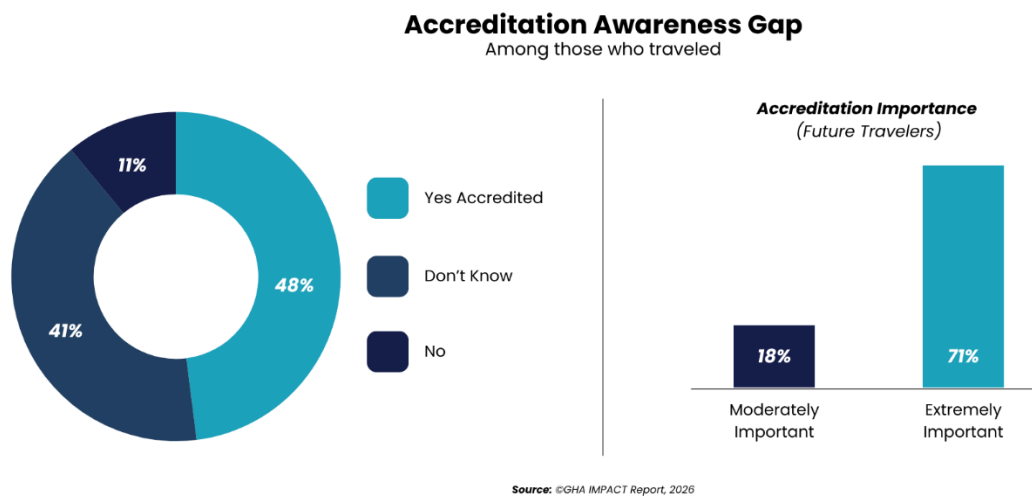
Continuity of care emerged as one of the most significant unmet needs across the medical travel experience. Respondents expressed concerns related to coordination between non-local and home-country physicians, access to prescriptions and medications, clarity of follow-up care plans, and the management of complications after returning home.

These findings highlight a structural gap in the current medical travel model, where care is often fragmented across multiple providers and geographies. While patients may receive high-quality treatment at their destination, the absence of integrated follow-up and coordination introduces uncertainty and risk during recovery.

This represents a major opportunity for industry to evolve toward a more connected model of care delivery. Establishing standardized continuity protocols, strengthening communication between international and local providers, and expanding access to accredited aftercare services can significantly enhance patient outcomes and satisfaction.

There is a growing opportunity to align international care pathways with U.S. healthcare expectations, including recognized aftercare environments such as WellHotel® models and structured post-treatment support systems. Advancing continuity of care frameworks will be essential to building long-term trust and enabling scalability in medical travel.

Visibility and Variability in Accredited and Non-Accredited Care



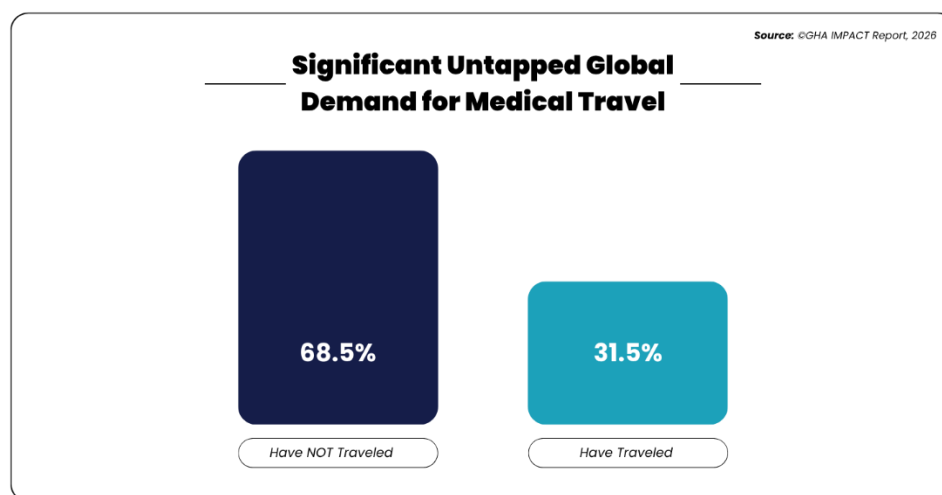
Patient findings revealed that a considerable proportion of individuals who had previously traveled for care were uncertain whether the facility they visited was internationally accredited. This lack of awareness points to a broader issue of limited visibility and communication of accreditation status throughout the patient journey.

In parallel, patient experiences highlighted variability in areas such as pricing transparency, communication, and coordination. While clinical outcomes were often positive, inconsistencies in the overall experience contributed to uncertainty and perceived risk.

These results suggest that accreditation plays a critical role not only in establishing standards, but in delivering consistency across the care continuum. In the absence of clearly communicated accreditation, patients may encounter fragmented experiences that undermine trust.

Improving the visibility of accreditation and reinforcing its role throughout the patient experience will be essential.

Strategic Implications for Hospitals and Medical Travel Programs



The expanded findings point to imperatives for future planning:

- Elevate accreditation from only a marketing decision to a core strategic investment in operations and risk mitigation.
- Integrate accreditation with digital transformation, aftercare, and financial governance.
- Treat medical travel programs as enterprise platforms for the entire healthcare system, not standalone units
- Invest in workforce development aligned with global standards to retain and attract new talent.
- Use accreditation as a lens for continuous improvement, not a one-time milestone.
- Consider accreditation as a culture-builder essential to the entire system rather than merely a luxury.

The discussion emerging from IMPACT™ points toward a clear imperative: hospitals engaged in medical travel must elevate accreditation from a tactical decision to a strategic investment. This investment supports risk management, trust-building, workforce stability, and market differentiation simultaneously.

Future planning should therefore integrate accreditation into core governance structures, digital transformation roadmaps, workforce development strategies, and international partnership models. Organizations that do so will be better positioned to manage uncertainty, attract talent, earn trust, and compete sustainably in global markets. Through its standards, insights, and strategic orientation, Global Healthcare Accreditation is positioned to anchor this transformation, shaping the next era of safe, trusted, and people-centered global medical travel.

Defining the Global Patient Experience Index™

IMPACT™ provides the empirical foundation for a Global Patient Experience Index™, a composite benchmarking instrument that moves beyond binary accreditation status to measure the quality, consistency, and completeness of the international patient experience. Where traditional accreditation frameworks assess institutional compliance with standards at a point in time, the Index provides an evidence-anchored lens through which facilities are evaluated, compared, and supported toward continuous improvement.

The Index is grounded in five domains that consistently emerged as the decisive trust drivers across all three IMPACT™ stakeholder cohorts.

Domain 1: Safety and Clinical Governance

This domain captures the extent to which safety standards are not only in place but actively communicated and experienced by patients. IMPACT™ revealed a notable gap between institutional self-assessment and patient outcomes. While 61% of healthcare leaders rated their infection prevention and control programs as "very strong," facilitators reported that 18% of their referred patients developed hospital-acquired infections, one of the largest divergences between provider-reported and externally reported quality in the dataset. The Index would score this domain using both institutional metrics and patient-reported experience measures, with weight given to cross-validation between the two.

Domain 2: Care Continuity and Aftercare

Continuity of care emerged across all stakeholder groups as among the most consequential and least consistently delivered elements of medical travel experience. 36% of actual travelers

said none of their post-return follow-up care expectations were met, and 45% had no access to emergency virtual care after discharge. In parallel, 61% of prospective patients identified care coordination between non-local and home providers as their top post-return concern. The Index would evaluate this domain across four sub-dimensions: discharge planning quality, structured follow-up protocols, virtual care access, and coordination with home-country providers.

Domain 3: Financial Transparency and Payment Security

Financial clarity ranked consistently as a decisive trust driver. Hidden or unexpected costs were the most common concern reported across both patient and buyer datasets. The Index would assess facilities on bundled pricing transparency, documented payment processes, secure transaction platforms, and the presence of formal dispute resolution protocols. This domain links directly to buyer trust, with payment security and pricing clarity ranked among the highest-weighted criteria in referral decisions.

Domain 4: Digital Readiness and Information Exchange

Digital infrastructure was rated as critically important by patients yet inconsistently delivered by facilities. 83% of prospective patients rated electronic medical record sharing as "very" or "somewhat" important, but only 36% of facilities reported offering EMR transfer services. The Index would measure not just the presence of digital tools but their integration across the full care continuum: pre-treatment virtual consultations, secure record exchange, patient portal accessibility, and post-discharge digital follow-up. The goal is to move evaluation from "does the facility have digital tools" to "do digital tools function reliably for international patients."

Domain 5: Cultural and Linguistic Competence

This domain addresses the gap between documented cultural competency programs and actual patient experience. Although 59% of leaders reported staff training in cultural norms and 55% reported multilingual staff or interpreters, only 21% of actual travelers reported that staff treated their cultural beliefs and practices with respect, and only 29% had digital access to native-language content. The Index would weigh patient-reported experience equally with institutional self-declaration, ensuring that cultural competence is measured by whether it is felt, not only by whether it is claimed.

Together, these five domains move accreditation from a binary state to a continuous benchmarking framework. Facilities can identify specific strengths, target investment toward measurable gaps, and report progress in terms that patients, buyers, and regulators recognize

as meaningful. As global medical travel evolves toward integrated, hybrid care models, stakeholders will increasingly seek benchmarks that reflect preparedness, not just participation.

GHA's Flagship Medical Travel Accreditation 6.0 Standards embed the IMPACT™ benchmarking results alongside a decade of accreditation and certification experience, operationalizing the Index domains as enforceable accreditation criteria rather than aspirational targets [13]. The result is a framework in which the Global Patient Experience Index™ functions as the empirical foundation for the next generation of GHA accreditation, providing hospitals with a roadmap for sustainable growth, risk management, and trust-building.

Section II: Strengthening Local Systems Through Global Engagement

International medical travel is often framed as a competitive diversion of resources away from local populations. The findings of the IMPACT™ Study, when examined through a systems lens, suggest a more nuanced and constructive reality. When international programs are intentionally designed, accredited, and integrated into broader health system planning, they can function as capacity-building engines that strengthen care delivery for local and regional populations.

Rather than operating in parallel or in opposition to domestic services, high-quality international programs increasingly function as anchors for system improvement, driving investments in infrastructure, workforce development, governance, and digital readiness that benefit all patients served by an institution.

Infrastructure Investments That Spill Over Locally

One of the clearest indirect benefits of international medical travel programs is the investment they catalyze in clinical and operational infrastructure. To meet international accreditation standards, hospitals often upgrade infection prevention systems, clinical protocols, data security, emergency preparedness, and patient experience processes.

These investments are not limited to international patient units. Once implemented, they become embedded across the organization, raising the baseline quality of care for local populations. Improvements in operating theaters, diagnostic capability, infection control, and clinical governance enhance safety and outcomes for all patients, regardless of origin.

Accreditation ensures that these investments are standardized, sustained, and audited, thereby reducing the risk that international programs become siloed or selectively resourced.

The most enduring benefit of international programs lies in the standardization of care pathways [14]. To meet accreditation requirements, hospitals must align clinical, administrative, and support services across the patient experience, from intake and diagnosis to discharge and follow-up. These standardized pathways improve efficiency, reduce variability, and enhance outcomes for all patients. Local populations experience more predictable care, clearer communication, and better continuity, outcomes driven by systems originally designed to manage cross-border complexity.

Workforce Development and Retention in Regional Markets

International programs place heightened demands on healthcare professionals, including cultural competence, communication skills, care coordination, and adherence to global standards. Accreditation formalizes these competencies and embeds them into training and professional development frameworks.

For local populations, this translates into a more skilled, globally oriented workforce delivering care at home. Clinicians trained to international standards bring enhanced expertise, discipline, and safety culture into domestic care pathways. Moreover, hospitals that participate in global programs are often better positioned to attract and retain high-caliber professionals who might otherwise seek opportunities abroad.

In regions experiencing workforce shortages or outmigration, accredited international programs can serve as retention mechanisms, offering clinicians global exposure and professional growth without requiring them to leave their communities.

Expanding Access Through Regional Referral Networks

International medical travel programs frequently serve not only distant patients but also regional referral markets with patients from neighboring cities, states, countries, or underserved areas who lack access to specialized care locally [15]. Accredited facilities become regional hubs for complex procedures, oncology, transplantation, advanced diagnostics, and high-risk interventions.

By establishing trusted referral pathways, these programs reduce the need for patients to travel farther afield or enter fragmented care systems. Regional referrals strengthen clinical volume, justify specialization, and support service lines that might otherwise be unsustainable.

Local patients benefit from the availability of advanced services closer to home, supported by the same standards required for international care.

Accreditation plays a critical role in legitimizing these regional referral relationships, providing assurance to governments, insurers, and referring providers that care meets recognized international benchmarks.

Revenue generated through international and regional referral programs can support cross-subsidization of local services, particularly in systems where public funding is constrained. While financial outcomes vary by context, accredited programs are more likely to operate transparently, reinvest strategically, and align growth with quality and access goals.

When governance frameworks are strong, international patient revenue can fund capital improvements, workforce expansion, digital transformation, and community health initiatives that benefit domestic populations. Accreditation reinforces accountability by tying growth to quality, safety, and ethical standards.

GHA's Role in Aligning Global Reach with Local Impact

Concerns about equity often arise when international programs are perceived as preferential. IMPACT™ found that transparency and governance are decisive in shaping public trust. Accredited programs that clearly articulate how international services support system improvement, workforce stability, and local access are more likely to earn social legitimacy.

Accreditation provides a framework for balancing international growth with domestic responsibility, ensuring that global engagement strengthens rather than erodes public confidence. By setting medical travel standards that integrate patient safety, continuity of care, cultural competence, and operational governance, organizations ensure that international programs are not extractive or isolated, but system-strengthening by design.

As international medical travel continues to evolve, a Global Patient Experience Index™ will serve as an index not only for global readiness, but for local impact. Its framework supports hospitals in aligning global ambition with regional responsibility, thereby ensuring that international excellence translates into local benefit.

When governed by rigorous accreditation and embedded within institutional strategy, international medical travel programs can function as catalysts for local health system strengthening. They elevate standards, stabilize workforces, expand access to specialized care, and reinforce financial sustainability across regional markets.

The future of medical travel will favor institutions that recognize this interdependence. Global success and local impact are not competing goals; they are mutually reinforcing outcomes of accredited, well-governed healthcare systems.



The findings indicate that as accreditation becomes more visible throughout the patient journey, its already significant impact on trust and decision-making will continue to expand

Chapter 5: Conclusion

Trust Is the Destination: Defining the Next Era of Global Medical Travel

Global medical travel is no longer defined by distance, cost, or destination branding. It is defined by trust, and by the systems that make trust durable, verifiable, and scalable.

IMPACT™ demonstrates that trust in cross-border healthcare is neither incidental nor intuitive. It is constructed through deliberate design: accreditation that embeds safety and governance, communication that reduces uncertainty, digital systems that enable continuity, and workforce models that reflect global standards while remaining locally responsive. Across patients, healthcare leaders, and buyers, trust emerged as the organizing principle that shapes decision-making, risk tolerance, and long-term engagement.

The findings make clear that medical travel has matured from a market opportunity into a system responsibility. As patients seek care across borders with increasing frequency and complexity, healthcare organizations must assume accountability not only for clinical outcomes, but for continuity of care, financial transparency, data protection, and post-treatment recovery.

Hospitals that approach international programs as peripheral or transactional will struggle to sustain trust in this environment. Those that integrate medical travel into enterprise strategy, anchored by accreditation, governance, and workforce investment, will be best positioned to thrive.

Accreditation as the Architecture of Trust

The IMPACT™ initiative reframes accreditation as infrastructure rather than ornamentation and luxury. Accreditation is no longer simply a signal of quality; it is the architecture through which trust is operationalized. It aligns leadership, clinical teams, digital systems, and patient experience around shared expectations that transcend borders.

When embedded effectively, accreditation supports risk management, strengthens referral confidence, enhances workforce stability, and differentiates organizations in increasingly selective global markets. It enables hospitals to move beyond claims of excellence toward demonstrable, auditable readiness.

Within this evolving landscape, a Global Patient Experience Index™ is a defining tool and indicator of medical travel readiness. By aligning standards with real-world trust drivers and supporting evidence-based insight through initiatives such as IMPACT™, there exists a bridge between compliance and strategy, measurement and meaning.

As medical travel continues to evolve toward integrated, hybrid, and digitally enabled care models, stakeholders will increasingly seek benchmarks that reflect preparedness, not just participation.

A Call to Action

The future of global medical travel will reward organizations that invest early and deliberately in trust infrastructure. Hospitals, policymakers, buyers, and partners must move beyond fragmented approaches and align around shared standards that prioritize safety, continuity, transparency, and people.

One IMPACT™ finding crystallizes the urgency. Of the 75 patients who had traveled internationally for medical care in the previous two years, none indicated they found their facility through an international accreditation organization's directory or website. The trust that accreditation generates exists. The visibility at the moment of decision-making does not. Closing that gap is among the most direct ways the accreditation community can compound the value its members already create.

Trust is not a byproduct of success. It is its prerequisite.

Those who recognize this reality, and act, accordingly, will not only shape the next era of medical travel; they will help define a more resilient, equitable, and trusted global healthcare system.

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