

The Research of Medical Tourism Policy Network in Taiwan

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Recently, the concept of medical tourism is gaining eminence in the field of health and medicine. “Medical Tourism” is a term involving people who travel to a different place to receive treatment for a disease, ailment, or condition, and who are seeking lower cost of care, higher quality of care, better access to care, or different care than they could receive at home. Currently, Taiwan government also declares its ambitions to become one of the best choices of cross-country medical care for international visitors. The government believes that Taiwan offers excellent medical care, so can take advantage of business opportunities in medical tourism as it has gained a reputation in the world and is particularly respected by the Chinese. A recent economic cooperation framework agreement (CEFA) between China and Taiwan will encourage trade and tourism between two entities across Taiwan Strait. The major purpose of this paper is to describe and analyze medical tourism policy network in Taiwan. This approach emphasizes the interaction and outcomes between actors in policy network. The paper utilizes literature review and supplements by in-depth interviews to examine Taiwan experience of medical tourism policy from the stage model of public policy implementation. The paper finds that medical tourism policy in Taiwan is a growing industry with government and hospitals’ participation. Thus, efforts should be made to encourage collaboration between the government, medical care providers, and tourism industry.

Keywords: Medical Tourism; Policy Network; Medical Care; Network Management

Introduction

Medical tourism, also called “medical treatment abroad”, “medical travel” is a booming international industry where patients seek healthcare from sources outside their country. Usually every type of medical treatment is available abroad with over 50 countries identifying as destinations in medical tourism. In the past several years, more than 180,000 Americans, Canadians, and Europeans have visited India, Thailand, and Antigua to get immediate and high quality medical services (Cetron, Micco, & Davies, 2006; Teh & Chug, 2005). The practice of enjoying the local scenery or humanistic characteristics of tourism and simultaneously receiving dental, surgical, and other treatments has already become a global trend. This international trend has captured the attention of policy makers, relevant enterprises, and academics.

Purposes and Methods

Given the importance and popularity of medical tourism, it is surprising that it has not received much scholarly attention. There is not yet a systematic stream of research in the tourism and medical care domain. Some scholars from fields of medicine and law have examined specific issues like health effects, risk of treatment, and applicability of existing laws for international medical services (Balaban & Marano, 2010; Brady, 2007; Burkett, 2007). Other studies discuss medical tourism service development in individual countries, like India, Thailand, and Malaysia (Aizura, 2009; Chee, 2007). Most papers provide a macro-level analysis of medical tourism, and only a few focus on consumer decision factors in seeking medical tourism (Altin, Singal, & Kara, 2011; Heung, Kucukusta, & Song, 2011).

Previous research discusses the development of the new

cross-sector service requires coordination among key stakeholders such as hospitals, medical travel agencies, hotels, and public sectors. However, a discussion of policy stakeholders’ roles in medical tourism is lacking. This study focuses on the interaction between most salient stakeholders in providing services from a policy network approach.

Though previous research highlights the importance of medical tourism issue, incomplete analysis in the relevant literature increases the importance of Taiwan’s case. Therefore, the major purpose of this study is to analyze the operation of the medical tourism policy network in Taiwan. The Taiwanese government believes this new medical industry can generate considerable revenue, and is currently trying to be one of the best choices for international visitors. Making Taiwan’s healthcare industry more attractive to international clientele within Asia’s highly competitive medical tourism market has become a priority for the national government. As Taiwan is a relative newcomer to the area of medical tourism, the government plays an important role in organizing the relevant sectors and resources. With a relatively modest 85,000 medical tourists visiting facilities of hospitals in 2011, Taiwan’s government and healthcare providers have had to take a more proactive and coordinated approach to recognize and develop areas of the international medical tourism market (Marius, 2012). Therefore, the study uses Taiwan as a case study.

The remainder of this paper is structured as follows: Sections 3 and 4 present a literature review, including the concept of policy network, and the development of medical tourism services. Section 5 explains the current development of medical tourism in Taiwan. Section 6 analyzes policy network management and the results of Taiwan’s medical tourism policy based on semi-structured interviews with stakeholders. Inter-

view respondents were chosen not just by virtue of their involvement in the process of policy implementation, but also by virtue of their reputation in this policy issue. In-depth interviews were conducted learn their opinions about related practical issues and policy outcomes. Interviewees included personnel from the Department of Health, Tourism Bureau, Council for Economic Planning, External Trade Development Council, and other government departments. Interviewees from the private sector included project management personnel responsible for the implementation of hospital policies and related associations. Interviews were conducted beginning on March and ending on July 2010. Finally, Section 7 provides the policy implications of this study.

The Concept of Policy Network

Public policy is made and implemented in networks of independent public and private actors. Cross-sectoral partnerships and multi-layered points of policy-making are seen as replacing the hierarchical, centralized state (Rhodes, 1997; Richards & Smith, 2002). Public policies are made via some kind of hybrid arrangement involving a range of different actors, including some representing private or nongovernmental institutions. Linkages between organizations have become the central analytical focus for many social scientists (Rhodes, 1997). A network is a partnership of institutions who work in close cooperation towards specific goals with a sharing among them of costs, profits and results. The concept of policy network has been developed and refined as a way to describe, explain and predict the outcomes of policy-making via such hybrid arrangements (Peterson & O'Toole Jr., 2001). The term "policy network" generally describes structures involving cross-agency linkages for implementing public affairs that remain unfinished by the government. This innovative volume develops a network management approach to governance and public management, and shows how governments can manage policy networks to enhance policy performance and public service delivery (Bevir & Rhodes, 2003).

The public sector must rely on the contribution and cooperation of policy stakeholders by building stable and constructive interaction between network actors (Marin & Mayntz, 1991; Richardson & Jordan, 1979). It is important to understand the capacities required to successfully operate in network settings differ from those needed to succeed at managing a single organization. The classical, mostly intraorganizational-inspired management perspective that has guided public administration for more than a century is simply inapplicable for multi-organizational, multi-governmental, and multi-sectoral forms of governance (Agranoff & McGuire, 2001). This study refers to policy networks as policy implementation arrangements and partnerships about medical tourism policy. The empirical analysis focuses on medical tourism policy networks, which are organized by multi-sectoral organizations and managed by a network manager. The coordination component of the network has been called the hub or central core. It acts as a secretariat for the network and coordinates network activities.

The Concept of Medical Tourism

The concept of medical tourism is not new. Since the first millennium, rich people have visited mineral and hot springs, spas, and sanatoria located by the sea and in the mountains for the treatment of various ailments (Carrera & Bridges, 2006;

Das & Gupta, 2005; Mitra, 2005). Medical tourism is a term commonly used to describe the practice of travelling abroad to obtain medical services. Medical tourism may be defined as the "provision of cost-effective medical care with due consideration to quality in collaboration with tourism industry for foreign patients who need specialized treatment and surgery." Many patients are traveling great distances to obtain medical care. Also, rapid expansion of facilities for patients abroad has helped to spur this industry growth. The purposes of medical procedures for international patients are diverse, and may be a cure for illness or improving wellness. Such services typically include elective procedures and complex specialized surgeries such as joint replacement (knee/hip), cardiac surgery, dental surgery, and cosmetic surgeries (Sara & Mugomba, 2006; van Demark, 2007).

Simply stated, medical tourism is the process of traveling abroad to receive superior medical, dental, and cosmetic care by highly skilled surgeons at modern medical facilities around the world at a fraction of the price in the USA, UK, and Canada (Bies & Zacharia, 2007; Bookman & Bookman, 2007). The development of medical tourism services gives the global medical tourist another source of high-quality medical surgery, cosmetic plastic surgery, and dental care services at significantly lower prices.

The Growth of Global Medical Tourism Services

People may travel to far-flung developing countries to take advantage of the medical services they provide (Bookman & Bookman, 2007; Sara & Mugomba, 2006; Teh & Chug, 2005). The following reasons are most often cited for this trend:

- 1) The main incentive appears to be cost savings. The significantly lower costs allow for quality care and additional leisure travel.
- 2) Patients are not subject to waiting lists or long waiting periods; this immediate access to service attracts patients from countries that have public health care systems to countries that offer medical tourism.
- 3) Patients are assured of excellent quality. To prove their commitment to quality, many international health care providers opt to be accredited by organizations or by their local accrediting organizations.
- 4) Patients are assured of access to the latest medical technology. International medical care providers invest heavily in the advanced equipment necessary to provide high-quality medical service.
- 5) Patients are assured of surgeon expertise. Most surgeons catering to international patients have received either their basic medical education or postgraduate professional training from the best schools in the United States, United Kingdom, or reputable European countries.
- 6) The majority of medical tourists report that they received personalized service from surgeons, nurses, and other medical staff. The staff-to-patient ratio enables a high level of personal care, and travelers attest to the quality and excellence of the service.
- 7) Patients benefit from longer hospital stays. One of the advantages of medical tourism is that international patients are able to stay in the hospital for relatively long periods without incurring substantial room charges.
- 8) Patients may enjoy the opportunity to travel. Although the primary motivation for most customers is affordable sur-

ger, the opportunity to visit exotic destinations is an additional attraction for some patients.

In the following sections, the concept of medical tourism and its attractions are discussed; thereafter, we examine the Taiwanese scenario, including the country's policy planning and implementation in this area.

Following the discussion of the concept of medical tourism and its attraction, then the paper introduces Taiwan's experience, including the policy development and implementation.

The Background of Taiwan Medical Tourism Policy

Due to globalization of the economy and internalization of health care profession, Taiwan has entered the industry in only recent times. The main reason for Taiwan emerging as a referred destination is the inherent advantage of its health care industry. In addition to its excellent and cost-effective medical care services, there are several reasons why Taiwan is developing medical tourism services. These advantages include an advanced economy, convenient transportation, stable social and political climate, and multiple tourism resources.

After discussing the strengths of Taiwan's surroundings, this section briefly describes the major characteristics and advantages of Taiwan's National Health Insurance program (NHI). To pursue social equity and meet the healthcare needs of the elderly and poor population in Taiwan, The Bureau of National Health Insurance launched the NHI in 1995. Enrollment in this government-run, single-payer program is mandatory for all citizens and for foreigners who reside in Taiwan for more than four months (Chang, 2005). This program provides universal coverage, low premiums, a comprehensive scope of benefits, easy access to medical treatment, proper care for disadvantaged groups, and a high level of public satisfaction (Cheng & Chu, 2007). NHI's comprehensive benefit package includes prevention, ambulatory care, inpatient services, and other needed services. Less than 60 percent of Taiwan's residents had health insurance in 1995; by 2012 the number was more than 99 percent. According to a careful study published in Health Affairs two years ago, this huge expansion in coverage came virtually free: it led to little if any increase in overall health care spending beyond normal growth due to rising population and incomes (Krugman, 2005). The NHI program has gained an international reputation for its consistently high public satisfaction rates; the program has attracted a lot of international attention. For example, in 2000, the Economist magazine ranked Taiwan as the second healthiest country in the world. According to the Economist Intelligence Unit (EIU), this evaluates the condition of health in 27 principal countries in accordance with thirteen indices of health. Taiwan has abundant medical resources: a total of 22.2 doctors and 56.3 beds per ten thousand people, and an average occupation rate are 70%. Paul Krugman, the 2008 winner of the Nobel Prize for Economics, lauds Taiwan's NHI: "Taiwan, which moved 10 years ago from a US-style system to a Canadian-style single-payer system, offers an object lesson in the economic advantages of universal coverage" (Krugman, 2005). Previous research views NHI as the gold standard for developing medical tourism policy by greatly improving the convenience, accessibility, and affordability of healthcare in Taiwan.

The study also introduces the strengths of medical care system in Taiwan. The reasons why health travelers from devel-

oped countries journey to Taiwan are as diverse as the travelers themselves, but the primary incentive for most medical tourists is the excellence of the medical care system in this country. In Taiwan, the strengths in medical tourism are: high quality of its medical care system, affordable costs, and the modern technology of medical care providers. Applying these advanced technologies effectively shortens the waiting period. In the course of developing a top-quality medical system, Taiwan has simultaneously achieved a level of affordability and efficiency that is attractive to international health travelers. Surgery fees in Taiwan are generally only about one-fifth to one-sixth of those in the US and the UK. For example, the liver transplantation fee is about 88,000 USD, which is 29% of US and 50% of Singapore. The hip joint replacement fee is about 5900 USD, which is 17% of US, 22% of UK, 59% of Singapore, and half of Thailand (Woodman, 2008).

The fourth strength is its professional team approach to medical services. In Taiwan, doctors must possess a general medical license or a professional medical license. Higher medical qualifications include resident doctor training and fellowships. Thus, doctors go through a varied and strict program of medical education; medical students generally train for more than ten years to become attending physicians. Taiwan's last strength is its ability to provide a comprehensive scope of medical services, including preventive healthcare, plastic surgery, dental surgery, weight control, sleep medicine, cardiac surgery, joint replacement, organ transplantation, and much more. Most hospitals offer health examination packages to serve each patient's unique needs, and treatments and recovery regimens often combine traditional Chinese medicine with Western medicine (Woodman, 2008).

Taiwan Medical Tourism Policy Planning and Implementation

This section presents some of the findings and observations from our literature review and interviews with several participating hospitals. We specifically analyzed the topic of public network interaction.

Government to assess the competitive advantage of international medical service that should promote the focus of a special medical services, its the one hand, can be linked to "high-tech Taiwan," the overall image of the establishment, but also by the special medical service model review and improve the relevant measures in order to stimulate the overall international development of medical services. Such an initiative would promote medical tourism for a wide range of professional medical services and would also enhance the image of the country, immigration visa, air transport, legal issues, language, and information technology.

In 2007, the government began to work in collaboration with private medical institutes to focus on five items of medical services: live liver transplants, craniofacial surgery, cardiovascular surgery, and arthroplasty. The government presented a "Medical Service Internationalization Flagship Program" project (Flagship Program) and combined a special task force called the Taiwan Task Force on Medical Travel (TTFMT) with funding of more than NT\$40 million in July 2007 to promote the island's medical services abroad. Supported by the Tourism Bureau, Government Information Office, Taiwan External Trade Development Council, Chung-Hua Institution for Economic Research, and Department of Health, TTFMT has

created an alliance of more than 20 qualified hospitals to advertise its excellent medical services to patients all over the world. TTFMT is administrated by the Taiwan Nongovernmental Hospitals and Clinics Association (TNHCA), which serves as a platform for integrating resources and improving cooperation across governmental organizations, relevant industries (such as hotels, travel agents, transportation corporation, restaurants, and airline companies), and participating hospitals (Liu, 2011). TNHCA as a network manager is responsible to implement Flagship Program and maintains network's interaction smoothly.

In the policy network, institutions and hospitals play different roles. The Tourism Bureau and Government Information Office provide valuable information about scenery and help promote Taiwan in the international media. The Taiwan External Trade Development Council is responsible for communicating with overseas organizations. The Chung-Hua Institution for Economic Research is responsible for the academic, field, and statistics research needed for TTFMT's marketing survey reports (Woodman, 2008).

TTFMT considers several potential target markets. The first potential target market is to focus on China as a major source of clients for Taiwanese medical services. As relations with its former rival China improve, Taiwan's government is confident that the island can seize a large share of a huge market of Chinese tourists seeking quality medical care overseas. As the rising middle or upper income class in Mainland China outstrips that nation's ability to provide quality healthcare, nearby Taiwan offers a convenient and viable alternative (Sui, 2011).

The market is set to expand when Taiwan opens to Chinese tourists on a foreign individual travel basis in early 2011. The Taiwanese government announced on December 2011 that they had revised the country's immigration rules specifically regarding permits for people arriving from Mainland China. Under the new rules, beginning in 2012, Chinese nationals can legally enter Taiwan specifically for the purpose of having health checkups, elective or non-urgent surgery, and cosmetic surgery procedures. These Mainland Chinese tourists are allowed to stay in Taiwan for up to 15 days, which includes a three day shopping and tourism allocation, in addition to their medical treatment days. Taiwanese private medical facilities that are qualified to provide these services meanwhile can apply to the National Immigration Agency (NIA) for visas on behalf of their prospective Chinese patients. These applications will be given top priority for processing by the NIA and will take around five business days to review and approve, with potentially life-threatening cases put on a 4 hour fast track (Marius, 2012). From 2012, visitors from mainland China have been allowed to travel to nearby Taiwan for the express purpose of medical tourism. Newly established agencies are expected to flourish in response to this initiative and would assist medical tourists traveling to Taiwan throughout the year to take advantage of this cross-strait agreement.

The second potential market is Chinese Americans. For example, a trip to culturally friendly Taiwan can help take some of the financial sting out of an expensive medical procedure for millions of Chinese Americans living in the US without health insurance. Besides targeting medical tourists from mainland China and Chinese Americans as major customers, the Foreign Ministry plans to extend visas for medical tourists to up to six months, depending on their cases (Woodman, 2008; Sui, 2011).

In addition to medical-visa revisions for local hospitals, the

government is looking to invest in specialized medical zones near the country's international airports to attract even more prospective medical tourists. Four of these zones are currently in development and are projected to pull in 40,000 tourists per annum once completed. Taiwan's government is ultimately banking on these facilities, together with the country's state-of-the-art health service technologies and low treatment costs, to take business away from the likes of India and Thailand.

The Operation and Evaluation of Taiwan Medical Tourism Policy Network

We interviewed several managers at participating hospitals to understand the outcomes of the policy network interaction. Our findings were as follows: 1) consensus prevailed that international medical services constituted a new opportunity for the majority of medical service providers affected by this policy; 2) the publication of the booklet "Patients beyond Borders: Taiwan Edition" to provide current information on 20 hospitals' treatment specialties, accreditation levels, access by transportation, and communication; 3) participation in international medical exhibitions and fairs can build and promote the medical image of Taiwan internationally; and 4) the number of foreign visitors to Taiwan is ever increasing, although people arriving specifically to receive medical care is not as high as participating hospitals expected. In 2008, approximately 5000 medical tourists traveled to Taiwan to receive health checkups and cosmetic surgery. In 2009, this number had increased to 40,000 patients, who came mostly from China. TTFMT predicts that Taiwan may receive more than 100,000 medical tourists annually.

Our study showed that representatives at different levels hospitals held divergent opinions on policy implementation and its outcome, although the government considered that the policy achieved its purpose. Our analysis was used to examine the gaps based on the interview results from a policy network approach. First, the majority of hospital interviewees felt that the government is responsible primarily for policy planning and must provide the resources required to implement the policy, based on the experiences of other countries. By contrast, the relevant authorities felt that medical tourism services constitute optional extra services that hospitals may elect to provide. These government representatives were not heavily involved in the medical tourism policy, and thought that the major task of hospitals is to care for Taiwanese citizens' health. However, staff at private hospitals considered medical tourism services as their blue ocean opportunities. As an industry or business, the same hospitals aim to provide cost-effective services for patients, regardless of their social status, nationality, or race. The directors of these hospitals thus feel that the government should afford them increased resources.

Thus, TNHCA as a network manager has major responsibilities to establish good communications and sufficient information sharing among participants in the network.

Second, the implementation of medical tourism may be considered a cooperative process that requires actors to collaborate. TNHCA must know more of the contribution of network actors and their expectations for the policy network. Several of the people we interviewed complained that actors were contributing unequally. Only a few hospitals eagerly participate in promotional activities abroad and pay the related expenses themselves. The TNHCA has not succeeded in persuading all actors

in the medical tourism policy network to contribute equal effort. Several interviewees complained that hospitals that contribute less still share equal benefits.

Third, because different levels of hospitals possess different resources and operation strategies, they show different attitudes and expectations in implementing the Flagship Program. One public sector interviewee stated that foreigners seeking medical services are frequently encountered at Taiwanese hospitals. By contrast, hospital interviewees stated that they received relatively few genuine medical tourists from abroad. Thus, policy network managers should focus on their communicative role in enhancing trust and consensus to improve network operations. For example, one government interviewee said that the authority had provided measures to open the market to foreign patients. However, staff at private hospitals expected government to provide more active support for policy implementation and stated that governments in other countries actively promote such policies.

Fourth, hospitals which participated the Flagship Program viewed network outcomes is not co-production result, their efforts will depend on their gains. Respondents who felt that network cooperation did not meet their expectations tended to withdraw from the project. Finally, government representatives were focused on fairness in implementing the policy, whereas hospital staff emphasized the efficiency of service.

In the past, medical care was partly focused on providing charitable care and nonprofit services. This approach conflicts with the modern trend in which the medical industry is a business. The government continues to regulate the advertising and promotional activities of hospitals; for example, it does not allow the prices of medical services to appear in brochures. These regulations limit the promotional efforts of Taiwan's medical tourism services. The government regulations affect all hospitals, even those not participating in the project. Hospital directors who want to promote their organization's service quality and technology to attract more patients would prefer that the government relax these marketing and promoting regulations. However, the government continues to adopt a prudent position and views the deregulation of medical advertising as a serious issue.

As shown by these findings, actors in both the public and private sectors of the policy network hold differing beliefs on the implementation and effectiveness of the policy. The nature of resource dependencies that lie at the heart of policy networks are the key variable in shaping policy outcomes, and cooperation between the players could be improved by a network manager. We found that different levels of hospitals were unaccustomed to cooperating to provide services for foreign patients. Thus, these organizations should become more willing to jointly promote an excellent medical image for Taiwan internationally. The process of implementing the medical tourism policy appears to be insufficiently oriented toward building collective power. However, all networks involve collaborative costs as well as benefits.

Conclusion and Policy Recommendations

This study found that medical tourism policy entails a cross-domain complexity that was not merely dependent on medical technology or equipment. The government must also build the infrastructure and warm and friendly environment for second language. The majority of our respondents recognized

the need for relevant authorities to improve the international visibility of Taiwan's medical services, and intentionally engaged in international medical services. Hospital staff members have begun to realize their positioning in the global market. A number of respondents mentioned that cross-industry interaction is necessary when serving medical tourists. Furthermore, the respondents agreed that the government must provide policy resources and require the participation of the relevant units. Finally, the respondents mentioned the composition of the network and the importance of organizing promotional teams to travel to foreign countries and promote Taiwan's medical image.

As mentioned, the numbers of international patients, different levels of hospitals with different motivation, resources, investment have a different evaluation opinion, although the number of international patients is never too many. The majority of hospital personnel felt that the number of international patients should be increased in the future. Hospitals must become involved in exhibition or investment activities organized by the Foreign Trade Association. However, most respondents who agreed that joining this organization would be helpful in marketing international medical services did not think that this would yield immediate results.

Our empirical analysis identified gaps between the expected performance and real achievements. Several hospital personnel were dissatisfied with the policy implementation and complained of unfair contributions among the actors. Several respondents complained that the provision of policy resources by the government was limited. The findings also suggested that network managers should play a more active communicative role in improving the cooperation within the policy network. Our findings thus indicated several barriers to the expansion of the medical tourism market in Taiwan.

Based on our findings, we recommend that the government integrate the relevant authorities' resources. For example, the tourism industry could be linked more strongly to medical care providers to offer medical tourism packages through Web sites and brochures, a strategy employed actively by other countries. The government should step into the role of regulator and facilitator of private investment in health care.

The management in policy network differs from one in hierarchical structure. Public managers cannot command action in networks, but they are still responsible for their outputs. Because there is no relationship between levels of control authority, interactive specification is the only basis for maintaining the network. Network managers attempt to build consensus and promote a cooperation and communication platform. They also strive to achieve fair and credible management to avoid hindering network cooperation. In other words, network managers must have skills and knowledge sets to network as they do for single organizations. For example, the management principles of single organizations such as equal contribution, open communication, shared responsibility, and mutual trust are still essential and applicable to networks. As the use of networks in public management increases, more questions regarding this research arena must be answered.

The primary challenge for empirical research in public administration is to separate how knowledge issues, problems, and technologies are identified, brokered, and solved in networks. Apparently, policy network coordinator can facilitate many political, bureaucratic, and resource deficiency issues. Accountability in networks is defined and perceived differently

than in single organizations. It is also necessary to know more about the contribution of personal responsibility and responsiveness to network performance. The cohesion developed through trust and a program rationale should also be measured against the force of authority in hierarchies. The implementation of medical tourism services integrates different resources and services, including medical resources, tourism services, and transportation services, friendliness of the culture, and Taiwan's international visibility and image. The research examines cross-sector medical tourism policy by empirically analyzing network interaction, network management and its effectiveness. In deed, Taiwan is seeking to improve its international medical image and publicity to obtain a leading edge in this area. This study shows that medical tourism is a growing service, and enjoys governmental support and active hospital involvement.

The medical tourism industry offers high potential for Taiwan primarily because of its inherent advantages in terms of cost and quality. However the competition is getting heated up and the success in future will largely be determined by development and implementation of a joint strategy by various stakeholders in the industry.

Though empirical analysis, there exists some gaps between expected performance and real one. This study found that some of hospitals are dissatisfied with the policy implementation, especially fairness of contributions among actors. Some of them complaint that the government afford policy resources is limited. Also, the study found that network manager should play a more active communicative role in improving the cooperation inside policy network. Thus, this study shows that there are still barriers to the expansion of the medical tourism market.

Based on the findings above, this study recommends the following: the government should integrate the relevant policy resources. For example, the government integrates the tourism industries with medical care providers to offer medical tourism packages through websites and brochures, a strategy actively employed by other countries. The government should step in the role of a steering facilitator in the developing healthcare industry.

The study suggests that the network coordinator from the interactive process of open, consensus process, the legitimacy or effectiveness of the support and learning opportunities for growth, so that actions to understand the interaction as the basis for maintaining network integrity. Finally, effective leadership and coordination is one of the most important factors influencing the performance of a policy network. The medical tourism industry has become competitive business among nations, but this has led the effectiveness of other related activities. It is recommended by the authority or officer responsible for a higher level than the Department of Health to play a more active role in a coordinated medical tourism effort.

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