

Medical Tourism and Diabetes Care: Experience from a Tertiary Referral Center

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Objective: Medical tourism, a form of patient mobility across international borders to seek medical services, has gained significant momentum. We aimed to assess the outcomes of medical tourism consultations on chronic diseases, more specifically diabetes mellitus, amongst a cohort of international patients, originating from different healthcare systems, and referred to the United States for medical care.

Methods: We identified international adults with established diabetes mellitus, referred globally from 6 countries to the United States between 2010 and 2016 for medical care, and were seen at the Cleveland Clinic Foundation (CCF). Group 1 included adults seen by an endocrinology provider during their CCF medical stay, whilst group 2 included those not seen by an endocrinology provider. To assess the impact of our consultations, changes in hemoglobin A1c (HbA1c) were assessed between visit(s).

Results: Our study included 1,108 subjects (771 in group 1, 337 in group 2), with a mean age (\pm SD) of 61.3 ± 12.7 years, 62% male, and a median medical stay of 136 days (interquartile range: 57, 660). Compared to group 2, group 1 had a higher baseline mean HbA1c ($8.0 \pm 1.8\%$ [± 63.9 mmol/mol] vs. $7.1 \pm 1.4\%$ [± 54.1 mmol/mol]; $P < .001$). After 1 visit with endocrinology, there was a significant decrease in mean HbA1c from $8.44 \pm 1.98\%$ (68.3 mmol/mol) to $7.51 \pm 1.57\%$ (58.5 mmol/mol) ($P < .001$). Greatest reductions in mean HbA1c were -1.47% (95% CI: $-2.21, -0.74$) and -1.27% (95% CI: $-1.89, -0.66$) after 3 and 4 visits, respectively ($P < .001$).

Conclusion: Short-term diabetes mellitus consultations, in the context of medical tourism, are effective.