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Oregon construction worker, Miami surgeon go to Trinidad

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Some weeks ago, an unemployed construction worker from Oregon and his wife stopped briefly in Miami on their way to Trinidad for a prostate operation.

By itself, the saga of Wayne and Suzanne Vautier was just another in the many desperate attempts by people around the world to find quality healthcare at a price they can afford. What made their story unusual was that their surgeon made the trip with them.

Arnon Krongrad, a well known urologist in Aventura, had listened to the Vautiers' pleas to get affordable treatment, and he agreed to do the operation. Total cost: About \$25,000, half of what it would have been in the United States.

"This may be an unusual case, but I think it's a growing trend," says Renée-Marie Stephano of the Medical Tourism Association. ``It's cost prohibitive for many people to have treatment in the United States, so I think this kind of thing is going to happen more and more."

How many Americans go abroad for care is still hotly debated. A Deloitte study estimates that it's 750,000 a year. McKinsey & Co. estimates it's no more than 85,000, but says the potential is huge. A Gallup Poll says 29 percent of Americans say they would consider traveling abroad for care.

For many patients, a major concern is quality. Joint Commission International, a wing of the body that accredits hospitals in the United States, has been working on that issue. It now has given its seal of approval to almost 250 facilities around the world.

Paul R. vanOstenberg, a JCI executive, says the standards are slightly different from those used in the United States, because they must take into account local rules and regulations. However issues of patient safety, credentials of the medical staff and a clean, safe environment remain the same.

Stephano says the Medical Tourism Association, a nonprofit based in West Palm Beach, has started a process to accredit medical tourism facilitators, who are frequently used to find facilities and negotiate prices for patients seeking cheap, quality care.

SOUND RATIONALE

In the case of the Oregon construction worker, Krongrad decided to do it for several reasons. "He made a cogent case," he said of the Vautier's pleas. The Oregon man had done research on the Internet and with local doctors. Because prostate problems were hereditary in his family and because the tumor was aggressive, he wanted a radical prostatectomy, in which the gland is removed completely. He also wanted a laparoscopic procedure, in which the gland is removed through a small incision, which speeds recovery. This is the type of surgery Krongrad has specialized in for the past decade.

But Krongrad was also interested in exploring some other issues about healthcare travel at a time when

reform permeates American politics.

"I'm at the grass roots," the surgeon says. ``How do we preserve the quality . . . while preserving costs. . . . If we're going to have a healthcare debate, surgeons need to be at the table."

He finds it odd that travel for healthcare is generally called "medical tourism." Brochures of coronary bypasssurgery in India, for example, often come with photos of the Taj Mahal and information on side trips. ``Is tourism what this is all about?"

Of course it isn't, he concluded. In fact, travel in search of healthcare is nothing new. Patients have long traveled to the Mayo Clinic in Rochester, Minn., or the MD Anderson Cancer Center in Houston for treatment.

For Wayne Vautier, the history of medical travel was irrelevant. A resident of Kirby, Ore., population 400, he had never been outside the country. Last September, he was laid off by a paving company. In November, blood appeared in his urine.

At age 58, without health insurance, he underwent a series of tests. A doctor told him he had a highly aggressive tumor that had to be dealt with quickly.

The prices for surgery in Oregon were about \$50,000 including hospital, surgeon, anesthesiologist and other costs. "I didn't have the resources for that." But he had always lived conservatively and had some money put away.

He knew people who had gone to Mexico for dental care, but of course a prostate operation was considerably more serious. ``I did a Google search."

Krongrad's website had a video interview with him. "He came across as a very sincere and nice person." What's more, he had a lot of experience doing the minimally invasive surgery that some doctors in Oregon recommended.

Vautier contacted a health travel guide, who called Krongrad and negotiated a price. Krongrad doesn't want to reveal the details about his fee, but he says he chose the West Shore Medical Center in Port of Spain, Trinidad, because he knew it to be an excellent facility.

The hospital had most of the equipment he needed for the surgery, including monitors that allow the surgeon to see what he's doing.

Krongrad brought along a portable surgical robot that helped him navigate the operation, which leaves five puncture wounds, each of which can be covered by Band-Aid dots.

Vautier says the fee included all travel from Miami, including cab rides in Port of Spain. "We went down on Friday. The operation was on Saturday, and I was walking around on Sunday. I could have been walking around Saturday night, but I'm 6-6, 220 pounds, and there wasn't anyone at the hospital big enough to handle me," to help him get up.

QUICK RECOVERY

A month after the surgery, Vautier said, ``I'm doing fantastic. . . . It was just an amazing experience. I have never met a doctor that nice, never seen a hospital like that. The staff was caring and compassionate."

Krongrad did the Trinidad trip as an experiment, and he's not sure if he'll do another. But he says he did learn a lesson that's important to the upcoming discussion of healthcare reform: ``The lesson is that quality is

mobile."

Some of Krongrad's patients who come to Aventura already know that lesson. One of them is David, a mid-50s Israeli who asks that his last name not be used.

As with most prostate cancer patients, he wanted to be rid of cancer while having minimum side effects, particularly incontinence and impotence. David talked to doctors in Israel and did research on the Web. He decided he wanted his prostate removed through minimally invasive surgery.

FREQUENCY IMPORTANT

He knew from his research the best surgeons were the ones who had done a procedure frequently. Krongrad has done about 3,000. Since David had international insurance, cost was not an issue.

David said his operation turned out "excellent," with minimum side effects. He needs Viagra now, but he's functioning fine, he said.

Meanwhile, a completely different type of prostate treatment has been put been on the international stage by Miami urologist George Suarez and Stephen Scionti of South Carolina. Called high intensity focused ultrasound (HIFU), it is said to "cook" diseased tissue without using radiation.

This treatment is not approved in the United States, and doctors have taken patients to Mexico, the Dominican Republic and, lately, the Bahamas for treatment.

The Bahamas is proving a popular destination, says Scionti. ``Virtually everyone there went through U.S. residency programs."

HIFU treatment is now undergoing clinical trials in the U.S. to see if it's effective in getting rid of cancer.

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