

The Phenomenon of Dental Tourism: The Case Study of Hungary

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Bachelor of Business Administration in Tourism, Hotel
Management and Operations

Submitted to Dr. Bozana Zekan

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Affidavit

I hereby affirm that this Bachelor's Thesis represents my own written work and that I have used no sources and aids other than those indicated. All passages quoted from publications or paraphrased from these sources are properly cited and attributed.

The thesis was not submitted in the same or in a substantially similar version, not even partially, to another examination board and was not published elsewhere.

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Abstract

Medical tourism plays an important role in the tourism industry as in 2018 there were 14 million medical tourists. Hungary is a prime destination for medical tourism, especially for dental tourism, which takes 30% of the supply from all the treatments in Hungary. The aim of this thesis is to find out why foreign patients are traveling to Hungary for dental care and to what extent Hungarian dentists benefit from this phenomenon. In order to find answers to the research questions, both secondary and primary research were conducted. This thesis intends to support the Hungarian dentist's research-based decision making and the further discussion of the topic helps the reinforcement of the strategical choice, whether targeting local or foreign patients is more beneficial for their business. Furthermore, suggestions to the clinics on the maintenance of attractiveness of the main dental tourism destination – Hungary - are presented. In this research a qualitative research was applied, where in-depth interviews were conducted with Hungarian doctors besides foreign patients. Face-to-face interviews were conducted with dentists, who work in a clinic in Budapest and one Skype interview with a doctor, who works in Győr. Foreign patients from Austria, Germany and the US were interviewed via e-mail.

The results show that there are many reasons for foreign patients to come to Hungary to receive dental care, as well as for dentists choosing to focus on dental tourism. For patients, the main motivation factors are low cost, less waiting time, up-to-date technology, quality treatment and care. Both secondary and primary research show that Hungary is known as the capital city of Europe for dental care. Furthermore, profit seemed the most important motivating factor for doctors treating foreign patients, followed by diversity, experience, education and the purchase of modern equipment. In order for Hungary and thus the clinics to remain the primary destination for dental tourists, this paper recommends changes to existing services provided, such as having co-operations with foreign clinics, to evaluate whether including a small lab at their medical center would be appropriate. Increasing the level of transparency among employees is highly recommended as this would lead to knowledge sharing on the time frame of treatments as well as on the planned length of the client's stay. This will lead to a deduction of additional costs and to the number of after-care treatments.

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1 Introduction

Today travel is all about the experience and memories tourists collect during their vacation. Throughout the centuries several types of tourism developed, such as adventure, eco, cultural, business, or medical tourism (Kamath et al., 2015). Musa, Thirumoorthi, and Doshi (as cited in Jaapar, Musa, Moghavvemi, & Saub, 2017) describe the term medical tourism as the “activities related to travel and hosting a tourist who stays at least one night at the destination region, for the purpose of maintaining, improving or restoring health through medical intervention” (Jaapa et al., 2017, p. 538-539).

In the traditional model, people from less developed countries traveled abroad to receive medical care, although in 2003 it took a turning point (Hadi, 2009). Most of the cases, citizens from developed countries travel to other developed countries in order to obtain a higher quality of medical care (Alleman et al., 2010; Fetscherin & Stephano, 2016). Kucukusta, Hudson, and DeMicco (2019) stated that there were fourteen million medical tourists in 2018 and is estimated to grow up to 60 million by the year 2025. A European Commission survey from 2015 (as cited in Mainil et al., 2017) argued that 49% of European citizens travel for medical care. Furthermore, medical tourism contributes to the economy of the home country an average of 26.8% (Beladi, Chao, Ee, & Hollas, 2017). According to Connell (2006) Hungary received the title for the Year of Health Tourism in 2003. Dental tourism is a subordinate category of medical tourism, which Turner (2008) describes as the phenomenon when people travel across borders for dental care (Kamath et al., 2015).

Hungary is well known for the main destination for medical tourism, and according to Michalkó, Rátz, and Hinek (2012), dentistry takes 30% of the supply from all the treatments. Today, Hungary is the main destination for dental tourism in Europe, according to Kamath et al. (2015) and Kummer (2012), who stated that Hungary is the first destination since 2008 according to the 40% market estimate. According to Molnár and Remenyik (2018), almost more than half of the dental tourists come from Austria. Furthermore, corresponding to Kamath et al. (2015), Hungary is among the top five countries in the world for medical tourism and is in the second place after Costa Rica for dentistry. Looking at the statistics by Jaapar et al. (2017) and Kovacs

and Szocska (2013), patients travel to other countries for dental care as well, such as to Poland, Spain, Bulgaria and Turkey and internationally to Thailand, Singapore, Peru, Malaysia, India, the Philippines, South Korea, Argentina, and Costa Rica. There are several reasons why foreign patients travel to Hungary for dental care. Kamath et al. (2015) refer to these reasons, whereby the dental treatment is cheaper abroad than in the clients' home country: for the patient it is cheaper to buy a flight ticket and receive treatment abroad than to receive treatment in their home country. Furthermore, the higher quality plays an important role as well, as the shorter waiting list or the accessibility to certain treatments. However, these motivation factors vary according to the type of treatment. For instance, a patient who receives cosmetic surgery prefers the anonymity of a foreign country (Hanefeld et al., 2014).

Based on the above, medical tourism provides patients with clear benefits. However, limited research has been conducted on what benefits dental tourism brings for Hungarian clinics and doctors and whether dental tourism is a worthwhile endeavor for them to focus on in the medium- and long-term.

The purpose of this thesis is to discover the reasons why foreign patients travel to Hungary for dental care, and to what extent Hungarian dentists benefit from this phenomenon. This paper is going to approach these questions from both the patients and the dental professionals' perspectives. The destination Hungary was chosen because of the importance of dental tourism in Hungary and the author's personal connection to Hungary. It is important to discuss this topic in order to help Hungarian dentists to choose whether to concentrate on dental tourism in the future, or to place their focus on patients from their home country. Furthermore, it is important for them to see for how long they can remain among the top in dental tourism in the world, and what Hungarian clinics should do in order to stay one of the leading providers in this industry.

Throughout this research, a literature review is going to be conducted about travel motivation and satisfaction connected with medical and dental tourism, to see what motivates tourists to travel abroad to receive medical treatment. In order to make this thesis comprehensive, the author is going to define the term medical tourism and give a detailed background of the advantages and disadvantages of this phenomenon for the receiving country and the patients as well. The same approach is going to be

followed for the term dental tourism, including a detailed outline of the position of dental tourism in Hungary and the competitors for the chosen country. In-depth semi-structured interviews are going to be conducted with five Hungarian dentists and four foreign patients. The author is going to explain the qualitative research design and the interview as a research method in the methodology part of the research. Moreover, in this part the interview questions are going to be discussed and the data collection method, as well as the analysis process will be explained. In the last part of the thesis, after examining the findings, the researcher is going to give a conclusion and recommendations about the paper.

2 Literature Review

2.1 Theory of Travel Motivation

Molnár (2017) argued in his research, that one-fifth of Europeans' trips abroad is motivated by health. Furthermore, according to Alén, Losada, and de Carlos (2015), one of the motivation factors for elderly tourists is health. Focusing on medical tourism, Crooks et al. (2011) demonstrated in their research that travel motivation can be classified into two groups for international travelers. The first one is procedure-related, where patients travel abroad to receive medical care, which is not available in their home country or is illegal; such as a patient traveling to a well-developed country in order to receive cancer treatment. The following factor is travel-related, where tourists combine a vacation with medical care. However, in order to find out what motivates patients to travel abroad to receive dental care, first the term 'motivation' has to be defined. Motivation is "a psychological condition in which an individual is oriented towards and tries to achieve a kind of fulfillment" (Jang & Wu, 2006, p. 307).

Many tourism researchers, such as Hsu and Huang (2008), Park et al. (2019), Yousaf, Amin, and Santos (2018) base their study on Maslow's hierarchy of needs theory, where human needs are classified into a set of hierarchy. In order to reach the highest level, a human being has to satisfy its physiological needs, such as hunger and thirst, after that safety, belongings and love, esteem and at the end self-actualization (Hsu & Huang, 2008; Park et al., 2019). Embracing Maslow's hierarchy of needs, Pearce (1988) established a five-step Travel Career Ladder (TCL), which explains travel motivation. He states that while older tourists recall love, belongingness, and self-actualization needs, younger tourists recall more physiological needs (Pearce, 1988). Furthermore, tourists who travel more frequently tend to give priority to love, belonging, and self-actualization needs (Hsu & Huang, 2008). Compared to Maslow's hierarchy of needs, at the Travel Career Ladder tourists have to fulfill the first need, the basic needs a tourist expects to meet at the destination, such as suitable accommodation, good cuisine and food (Hsu & Huang, 2008; Yousaf et al., 2018). Even though a significant amount of tourism research cites Pearce's TCL theory, such as Hsu and Huang (2008), Park et al. (2019) and Yousaf et al. (2018), there is no strong

empirical evidence of supporting this theory in the real world. Furthermore, Goebel and Brown (1981, as cited in Jang, Bai, Hu, & Wu, 2009) pointed out that in this theory the actions can occur in a different order, not as it can be seen in Figure 1.

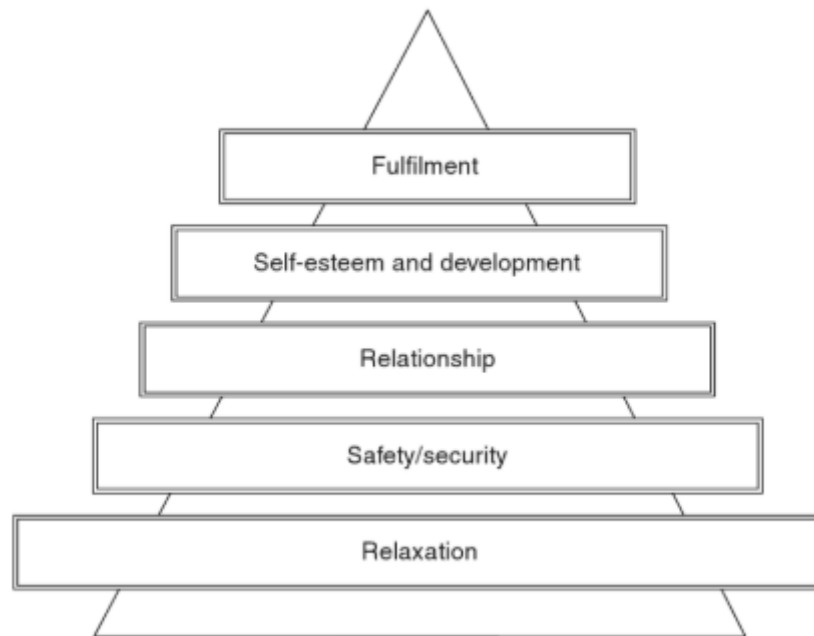


Table 1 Travel Career Ladder (source: Hsu & Huang, 2008, p. 17)

On the other hand, the most accepted theory for travel motivation is the “push and pull” factors developed by Dann (1977, 1981, as cited in Jang et al., 2009). The pull and push factor theory was used by several researchers, arguing that tourists mainly travel from the perspective of pull and push factors. Push factors are described as the pushing of a person by internal forces to travel, compared to the pull factor, which is the pushing of a person by external forces (Jaapar et al., 2017). The research from Saiprasert (2011) stated that the following actions can be classified as push factors: “the desire for escape, novelty seeking, adventure seeking, dream fulfillment, self-exploration, rest and relaxation, health and fitness, prestige, and socialization (p. 25).” On the other hand, pull factors could be physiological and psychological human needs, such as relaxation, taste and social belongingness, which are internal forces that could push travelers to make decisions regarding their travel (Khan, Chelliah, & Haron, 2016). Park et al. (2019) argue that economic aspects such as cost of travel, expenditure and tourist location are pull factors as well, which can discourage tourists

to travel to their chosen destination. These are psycho-social motivations for tourists to travel (Khan et al., 2016). Singh (2019) explains in his article the pull factors of medical tourism, which are classified as the following: “low cost, less waiting time, availability of a wide range of medical treatment, quality treatment and care, social and cultural environment, availability of tourist attraction, technology and personalized service” (p. 81). Even though tourists are generally more motivated to travel by pull factors, their decision-making process is influenced by further factors, such as time availability, social pressure, and financial consideration (Musa et al., 2012).

Another research focusing on senior tourists and their motivation to travel by Alén, Losada, and Carlos (2015) showed that there are five main motivation factors for traveling abroad: 1) off-season holiday trips, 2) visiting friends and families, 3) work-related travel, 4) travel for holiday, and 5) traveling for health reasons, such as medical tourism, spa tourism, and wellness tourism. In conclusion, there are several theories for travel motivation, however the “push and pull” is the most used one among researchers. Moreover, this section shows that health care is one of the main motivating factors for tourists to travel abroad.

2.2 Medical Tourism

2.2.1 Medical Tourism Around the World

In this section those countries are going to be discussed, where medical tourism plays an important role in their economy. It is also going to be shown how medical tourism developed in each of these countries. Furthermore, it will introduce the range of competition Hungary faces from these countries. However, first the term medical tourism has to be defined. Gaines and Lee described the term medical tourism as follows: “Medical tourism is the practice of people traveling outside their country of residence for the primary purpose of receiving medical treatment.” (Gaines & Lee, 2019, p. 317). Medical travel and tourism share the same attribute, whereby patients from abroad have to be attracted to the services provided by the designed country (Veerasoontorn & Beise-Zee, 2011). The four most common categories for medical

tourism are dental tourism, orthopedic surgery, cosmetic surgery and cardiac surgery. One's decision to travel for medical care to developing or developed countries can be influenced by costs and the willingness to combine traveling with health care (Gaines & Lee, 2019). When looking at the term health care tourism, a division into two groups is possible: medical tourism and wellness tourism. Furthermore, medical tourism can be broken down into elective surgery and cosmetic surgery (Piazolo & Zanca, 2011).

Traveling abroad to receive medical care has a long-standing history; aristocrats travelled to foreign countries, spa towns and sanitariums in order to enjoy mineral baths, climates and therapies to enhance their health (Hadi, 2009). From the first decade of the twenty-first century people travel for medical care to developed countries, because the treatment is not available in their home country (Gray & Poland, 2008). Despite the rise of middle-income countries in Central and Eastern Europe as dental tourism destinations, today patients still travel to developed countries to receive medical care at a lower price, to avoid long waiting times, or to receive a specific service (Hopkins, Labonté, Runnels, & Packer, 2010; Jaapar et al., 2017). The medical tourism marketplace appeared in the 19th century, in order to receive treatment abroad, which was not available in one's home country. Modern technology helped patients to collect information about the clinics abroad and to receive advice from medical travel agencies (Horowitz, Rosensweig, & Jones, 2007).

Medical and health tourism developed when roads, railways and cheap air travel emerged. At that time this was a motivating factor for the tourists. In the mid-1990s both the lower- and the middle-income countries started to deal with medical tourism, such as Malaysia, South Korea and India. Thailand experienced an increase in overseas patients in 1997, because of the Asian economic crisis (Connell, 2006; Hadi, 2009). During this time Thailand experienced a decline in local patients. That is why doctors had to target foreign patients, although the Thai government only started to focus on this sector of tourism in 2004. From that point, medical tourism started to grow quickly in Thailand. By 2009 more than 1.4 million tourists have received medical treatment in the country. Thailand started to offer packages including accommodation, transportation, and visa arrangements. Today the leading hospital in Thailand is Bumrungrad International Hospital in Bangkok, which specializes in treating foreign patients (Wongkit & McKercher, 2013). As an example, according to

Connell (2006), Thailand's Phuket Hospital provides services in 15 different languages and receives more than 20,000 international patients yearly. Additionally, these hospitals are offering packages for foreign patients, which include the selected medical treatment with accommodation at an ocean-front resort and guided tours (Hadi, 2009).

Latin America, Brazil, Costa Rica, and Argentina were popular for their cosmetic treatments, which is why patients traveled to these countries in order to receive cosmetic surgeries, although recently these regions have been expanding into additional treatment areas (Lunt et al., 2015). According to Hadi (2009), cosmetic surgeries and dental procedures were popular in the past; however, this changed over the years, and eye surgeries, knee and hip replacements, as well as organ transplants received an important role. In 1991, Costa Rica discovered from a university study that a significant number of tourists were traveling to their country to receive cosmetic surgery and dental work. From that point in time, the country started to focus on medical tourism (Connell, 2006).

Even though India entered medical tourism later, it is catching up fast with competitors: in 2015 India generated US\$333 million in revenue related to medical tourism (Hadi, 2009; Reddy, York, & Brannon, 2010). Today India is well-known for its heart surgery, dental treatment, cosmetic surgery and joint replacements offerings (Hadi, 2009).

In 1980s Cuba developed a presence in medical tourism as well, when its government created a company that helps to attract foreign patients from Russia, the United Kingdom and Latin America (Connell, 2006; Hadi, 2009). Their primary focus is neurology, ophthalmology and treating skin infections (Hadi, 2009). Cuba's national GDP even exceeded 10% only looking at the country's medical tourism sector (Majeed & Lu, 2017). Additionally, according to Connell (2006), South Africa has grown since the early 2000s, because citizens from the United States can save up to half of the cost of what they would normally pay in their home country. On the other hand, the Caribbean could not achieve a breakthrough in developing their medical tourism, because they could not compete with the prices from South Africa. Not to mention that, Dubai started focusing on medical tourism as well as building a Healthcare City (DHCC) in order to attract patients from other parts of the Middle East. Even though

Dubai cannot compete on price against Asia, they are trying to compete with quality, that is why they are bringing highly trained German doctors into their country (Connell, 2006).

Statistics show that Malaysia, Singapore, Thailand and India are the most popular destinations for medical tourism; in 2005 more than 500,000 patients traveled from the US alone to these countries to receive health care (Piazolo, & Zanca, 2011). Furthermore, according to the World Tourism Organization and the European Travel Commission (2018) medical tourism takes from \$45.5 billion to \$72 billion of market size internationally. Every country mentioned above developed medical tourism between 1990 and 2000, meaning that medical tourism is a fast-developing industry, which is why Hungary has to keep up with the competitors mentioned in this chapter.

2.2.2 Tourists' Motivation for Medical Tourism

In section "Theory of Travel Motivation" it has been shown that one of the main motivations to travel abroad is to receive medical treatment. The following chapter will explore the factors that motivate tourists to seek medical care outside their home country in more detail. One of the focus points to be explored are the similarities and differences in motivation factors for seeking medical care in Hungary compared with other countries (in the chapter "Medical Tourism in Hungary").

Musa et al. (2012) explain four reasons why people travel for healthcare. First, tourists travel abroad in order to receive medical care that is not available in their home country. The next type is affordable healthcare, where tourists travel abroad to receive healthcare at a lower price, while factoring in travel expenses. Another reason for traveling abroad to receive medical treatment is the higher quality. The last reason for tourists to travel abroad is the premium healthcare, where the patient receives luxurious healthcare (Musa, 2012).

Lastly, tourists can be motivated by costs. Due to affordable flights and increased frequency of flights it is easier for patients to travel internationally. Moreover, new service providers developed, which makes it easier for patients to organize trips for health care (Crooks et al., 2011). Mathijssen (2019) explains that patients from

Western Europe are more motivated by savings in financial terms, while citizens from Eastern Europe prioritize quality. Furthermore, public health care coverage plays an important role in travel motivation as well, due to the fact that patients may receive partial or even a full refund (Khan et al., 2016). The World Tourism Organization and the European Travel Commission (2018) would confirm this statement as well.

Taking segmentation into account, Taher, Jamal, Sumarjan, and Aminudin (2015) describe in the research why older tourists travel. Escaping from routine, visiting friends and families, or revisiting a destination for relaxation play an important role in travel motivation, however health and well-being tourism gives primary motivation for older tourists. Molnár (2017) confirms this statement from Taher et al., due to the fact that 18% of medical tourists are 70 or older, because as people get older, there is more need for medical treatments. For baby-boomers health tourism was only secondary motivation; relaxation is primary (Taher et al., 2015). Gan and Frederick (2013) point out that travelers, who are 65 years or older, are more security and price susceptible.

The main motivation factor for generation “Y” is relaxation and adventure. Young people may enjoy going to a wellness to relax with the family or enjoy going to a festival. However, “millennials” do not want to link vacation with illness, which is why their main motivation for traveling is adventure, relaxation, collecting experiences and having fun (Molnár, 2017).

In conclusion, Jaapar et al. (2017) explain how tourist motivation influences medical tourism. Motivation factors can be related to cost savings, combining treatment and surgery with leisure traveling, the quality of the services and cultural similarities. Moreover, it is also important for patients to see how long the treatment is going to take, how many times they have to go back to their dentists and how the process will be executed (Kovacs & Szocska, 2013).

2.2.3 Advantages and Disadvantages of Medical Tourism

In this section the advantages and disadvantages of medical tourism from the doctors and the tourists' point of view are going to be discussed. There are both advantages and disadvantages to receiving treatment abroad. Looking at the advantages to receive medical care abroad from the tourist point of view, Horwitz et al. (2007) state that one of the main benefits a patient could acquire for traveling abroad to receive medical care, is the cheaper cost. These patients usually do not have any health insurance. However, patients with health insurance may still travel abroad to receive medical care in order to have the surgery in a shorter period of time, or to receive better quality care. Besides that, patients who would like to have cosmetic surgery or sex change procedures travel abroad to protect their privacy. Gaines and Lee (2019) and Freire (2012) argues the same as Horwitz et al. (2007), whereby the main advantage is the lower treatment costs than in the travelers' home country, followed by receiving the surgery in a luxurious environment. Furthermore, acquiring special operations, which are not available in one's country, to obtain treatment faster, to combine leisure activities with medical care and to keep the intimacy and privacy when receiving for example plastic surgery (Freire, 2012; Gaines & Lee, 2019). On the other hand, disadvantages for tourists can occur when the chosen treatment is not successful, or cultural barriers and difficulties could occur with insurance coverage. Apart from that, doctors might be not available for foreign patients because they are accessible to only local citizens (Gaines & Lee, 2019).

Khan et al. (2016) divide the risks for medical travelers into three categories: "(i) risks to patient's health (ii) risks of travel, and (iii) pre- and post-operative risks in the home country" (p. 136). A patient may face penalties, if the medical care they received abroad is illegal in their home country. Another risk could be the recovery process while being distant from family, which can lead to emotional stress due to the distance from home or taking a long journey back after the medical procedure (Khan et al., 2016). Research from Lovelock and Lovelock (2018) has shown that patients who travel with families or friends tend to have fewer post-treatment complications than tourists who travel alone. Besides that, patients traveling alone may be less motivated to participate in touristic activities (Lovelock & Lovelock, 2018). Moreover, patients may return to their home country with post-treatment complications (Hanefeld et al.,

2014), which may not be easily resolved once back in the home country. Another reason why patients decide not to go abroad is because of virus outbreaks such as NDM1 in India or hepatitis B in London. Additionally, for tourists traveling outside Europe, such as India, visa issues may encounter—because if aftercare is required, complicated visa extension procedures may pose a problem (Sharma, Sharma, & Padroo, 2016). However, this contradicts Kamath et al.'s (2005) statement because according to his research, some travel agencies offer visa procedure services for medical tourists.

Doctors benefit from treating foreign patients because Horwitz et al. (2007) found that foreign patients help to improve the quality and the access to care and make it accessible for local residents, even while doctors receive a large number of foreign patients (Bünten, 2006). Bünten (2006) states in her research that 80% of the case family members also travel with the patients to the chosen country, which leads to an increase of overall spending by medical tourists. According to Kovacs and Szocska (2013), this leads to economic growth, because patients and their family members use other tourism facilities as well; this theory was also supported by Lovelock and Lovelock (2018). Moreover, Bünten (2006) explores several different activities patients engage in during the stay in Hungary. Most of the dental tourists go sightseeing and on excursions and visit restaurants and museums. All the factors discussed above can be classified as advantages (Bünten, 2006).

One concern about medical tourism is that doctors who deal with foreign patients might avoid the attention of local citizens and doctors. They would shift their focus on foreigners and make more time for tourists (Horwitz et al., 2007). In other words, doctors leave public hospitals and clinics in order to build their own practice or join a private one and receive a higher salary there. This has been identified as a contributing factor to doctor shortage in the public healthcare system (Freire, 2012).

2.3 Dental Tourism

In this chapter the term dental tourism is going to be discussed, followed by a brief overview of countries where dental tourism is considered to have been a success. According to Rodrigues, Brochado, Troilo, and Mohsin (2017), more than half of adults are not satisfied with their own teeth, although they are not willing to pay for expensive dental surgeries. Dental tourism is a solution to this problem. The American Dental Association (2009, as cited in Jaapar et al., 2017) describes the phenomenon when people travel across borders for dental care as dental tourism. Ahmadimanesh, Paydar, and Asadi-Gangraj (2019) argue similarly, they define dental tourism as the traveling of a foreign patient abroad to receive dental treatment. Österle, Balázs, and Delgado (2009) explain that dental tourism differs from other types of medical tourism because dental care is less emergency-dominated. This contradicts Kamath et al.'s (2015) findings because according to the patients who travel abroad for dental care, but the chosen destination has no touristic value and the citizen only chooses that destination because of the most convenient offer, they cannot be considered as dental tourists.

Dental care differs from other health care services because it is less likely to be an emergency situation and therefore urgent in nature (Österle et al., 2009). Usually, a dental tourist decides to travel abroad to receive dental treatment when there is an urgent situation. The research from Kovacs and Szocska (2006) has shown that according to dentists, after lower cost (83.5%), good quality (35%), the combination of dental care and vacation (27.4%), and avoiding waiting lists (27%) play an important role in the decision-making process of the destination. Panteli et al. (2015) might argue against Kovacs and Szocska's statement because in Patient et al.'s article a research can be found with German patients who travel abroad for receiving dental services, and the results show that 66% of the citizens are motivated by cost-saving, 36% of the patients traveled because of a good previous experience, 33% trust a certain company in the EU, and the remaining 28% enjoy to combine dental treatment with a vacation.

Kamath et al. (2005) explain the function of dental tourism in India, whereby tourist collect information about dental tourism on the internet, in magazines or through other agencies. Thus they can choose from different kind of dentists and clinics, and

after that, the patient only has to contact the travel agency that organizes everything else; accommodation, passport or visa, plane tickets and the travel itinerary. When the patient arrives at the destination, the dentist provides the tourists with the surgery or dental care and the travel agency manages the rest of the itinerary. However, according to Kamath et al. (2015) the simplest and cheapest way to do dental tourism is when the patient contacts the clinic in the selected country directly and does not involve a travel agency, therefore the tourist do not need to pay commission fees. In addition, in India most of the clinics have connections with certain hotels if the patient asks for recommendations for accommodation (Kamath et al., 2015).

Enache, Manuela-Rozalia, and Moroza (2013) conducted a research on dental tourism in Romania, where they stated that from 2010 dental tourism grew rapidly. Dental tourism in Romania started to grow in 1997, when private clinics started to develop, and their services were comparable with international ones. Romanian dentists' good communication skills in English served as a major advantage. Besides that, Romania is a popular destination because of the relatively short treatment period, the clinics' top medical technological equipment and the incorporation of innovations. As for the treatments: in Romania, dental tourists received mainly dental implants, facets, crowns, whitening, etc. (Enache et al., 2013).

According to Jurisic and Cegur Radocic (2017) Croatia is recognized as one of the top countries for medical tourism, due to its history of investment in medical scientific research and education. Not to mention the fact that, Croatia is easily accessible from most of Europe, because of its geographical location and European Union membership. In Croatia, most of the clinics opened in order to attract patients from Italy (89%) and from Slovenia (11%), who aimed to save a significant amount of money by traveling to Croatia and receive medical treatment there. Jurisic and Cegur Radocic (2017) explained that citizens without health insurance or patients from the UK, where a dental implant costs up to 585 Euros, may decide to travel to Croatia and have the surgery for 160 Euros instead. Dental tourists will often still be better off once travel expenses are factored into the overall costs. In Croatia, clinics are specialized in dental tourism because they offer accommodation (89%) and transport (78%), too. Furthermore, Croatian dentists promote their clinics mainly in the

newspaper (89%), through the Internet (78%) and through social networks (67%) (Jurisic & Cegur Radocic, 2017). Österle et al. (2009) state in their research that dental tourism will always be needed in the future because patients tend to consume the same product repeatedly. However, due to the reason that tourism is the author's major, one can see that the current corona virus crisis is expected to have a negative impact on medical tourism.

In conclusion one can see that Hungary has several competitors from all around the world in dental tourism. Many of the countries' advantages presented in this section also apply to Hungary, which is why Hungary should work to differentiate itself from other countries on the market.

2.3.1 Advantages and Disadvantages of Dental Tourism

In the following section the advantages and disadvantages of dental tourism are going to be discussed. One of the most important factors for patients traveling abroad is the price consideration. Air transportation became cheaper over the years, which prompted patients to choose destinations for dental tourism further away (Kamath et al., 2015). Baulig et al. 2004 (as cited in Österle et al., 2009) conducted a survey in Eastern Europe and Turkey, where just one out of four patients was satisfied with the quality of treatment in their home country. Lastly, according to Kovacs and Szocska (2013), another advantage for dental tourism is to combine dental treatment with a vacation. Patients with limited knowledge of dental tourism are more at risk of having negative experiences. If a patient fails to conduct appropriate research into which countries are safe for dental tourism, there is a chance they could receive a low quality dental treatment. This could cause long term recovery and could result in additional expenses and further complications (Kamath et al., 2015). However, research by Kovacs and Szocska (2013) suggests a different picture because, according to their study, 72.1% of the dentists provide aftercare for foreign patients. In response to this problem, dentists provide aftercare service, more and more Hungarian doctors are opening practices abroad, in order to provide pre-consultation and aftercare for patients abroad (Kovacs & Szocska, 2013). Furthermore, when advertising dental tourism for foreign patients, sometimes clinics do not provide patients with sufficient

information about the number of after-treatment problems and complications, including any side-effects and post-operative care (Conti, Delbon, Laffranchi, & Paganelli, 2013). A further risk for less experienced dental tourists could be unnecessary upselling: receiving additional treatment that is not essential and results in further costs (Kamath et al. 2015). In addition, bad communication skills and the language barrier could lead to problems if the doctor is not able to explain the process of the treatment to the patient in a way the patient understands (Conti et al., 2013).

An advantage for dentists is the increase in income, which was also mentioned above in the section “Advantages and Disadvantages for Medical Tourism”. This leads to more investment in higher quality equipment in order to develop new technology. Not to mention the fact that, the increase in foreign patient numbers creates new job opportunities and decreases the number of Hungarian dentists leaving to work abroad. In addition to new jobs created at these clinics, the continuous development of technology can contribute to dental education in Hungary, where the students can absorb up-to-date skills and knowledge (Kovacs & Szocska, 2013). According to a research from Lovelock et al. (2018), doctors believe that providing treatments for foreign patients develops their professional skills because they have to educate themselves about the latest trends.

In conclusion, one can see that one of the main advantages of receiving health care abroad is cheaper prices for patients and increased income for receiving clinics. This additional revenue from dental tourism may be reinvested to improve dental facilities and services. Although risk can occur from the patient’s side, several Hungarian dentists are opening clinics abroad to carry out emergency surgeries or check-ups in the patient’s home country.

2.4 Healthcare Satisfaction

Motivation is not the only factor at play in medical tourism. There is another: healthcare satisfaction, which is described as “a healthcare recipient's reaction to salient aspects of the context, process, and results of his or her service experience” (Jaapar et al., 2017, p. 540). Hashemi, Jusoh, Kiumarsi, and Mohammadi (2015) described that satisfaction influences patients to repeat the visit. Moreover, studies have shown that if satisfaction is being met, the patient is more likely to return to the institution in the future (Hashemi et al., 2015).

Patient satisfaction plays an important role in the health-care industry, especially for the service providers, in order to keep up with the competitors and eventually to be better than the competitor. Providers realized that customer satisfaction is the key element for long-term viability and success. What is more, according to Teleghani, Chirani, and Shaabani (2011) patients are willing to pay more for better quality and where customer satisfaction is high. That is why institutions like these have a more substantial market share. Scholars introduce several theories to measure tourist satisfaction. Teleghani et al. (2011) demonstrate that satisfaction is influenced by tangible and intangible factors. In the medical world, tangible components are services a patient would get in a hospital, such as medical equipment, whereas intangible factors are security and empathy by doctors.

Some studies established that the relationship between travel motivation and satisfaction is higher at certain tourism types, such as for attending festivals, rural tourism, tourism which is connected to religion, sun and sand tourism and last but not least, dental tourism (Vigolo et al., 2018). Overall, patient satisfaction influences high quality of care. After Jaapar et al. (2017) enumerated some studies, it can be seen that motivation has an impact on satisfaction.

2.5 Case Study of Hungary

2.5.1 Medical Tourism

In this section similarities and differences can be discovered between medical tourism in general and in Hungary, along with the evolution of medical tourism in Hungary. *Figure 1* below shows the number of tourists visiting Hungary between 2004 and 2009, as well as the number of travelers who decided to undergo medical treatment or use wellness services. Furthermore, in 2009, the top four nationalities to visit Hungary for medical treatment and for wellness were citizens of Slovakia, Romania, Austria and Germany, which adds up to 1.8 million visitors (Piazolo & Zanca, 2011). A more recent source by Remenyik and Molnár (2018) Slovakia and Austria take the majority of border crossing traffic. The World Tourism Organization and the European Travel Commission (2018) point out that in 2015 Hungary generated \$550 million worth of invoices from health-related travelers. According to the Hungarian Statistical Office (KSH) (as cited in Pitu, 2018), in 2017 2.5 million foreign patients traveled to Hungary for health tourism. Wellness tourism in Hungary developed in the second half of the 1990s and has been continuously growing since (Piazolo & Zanca, 2011).

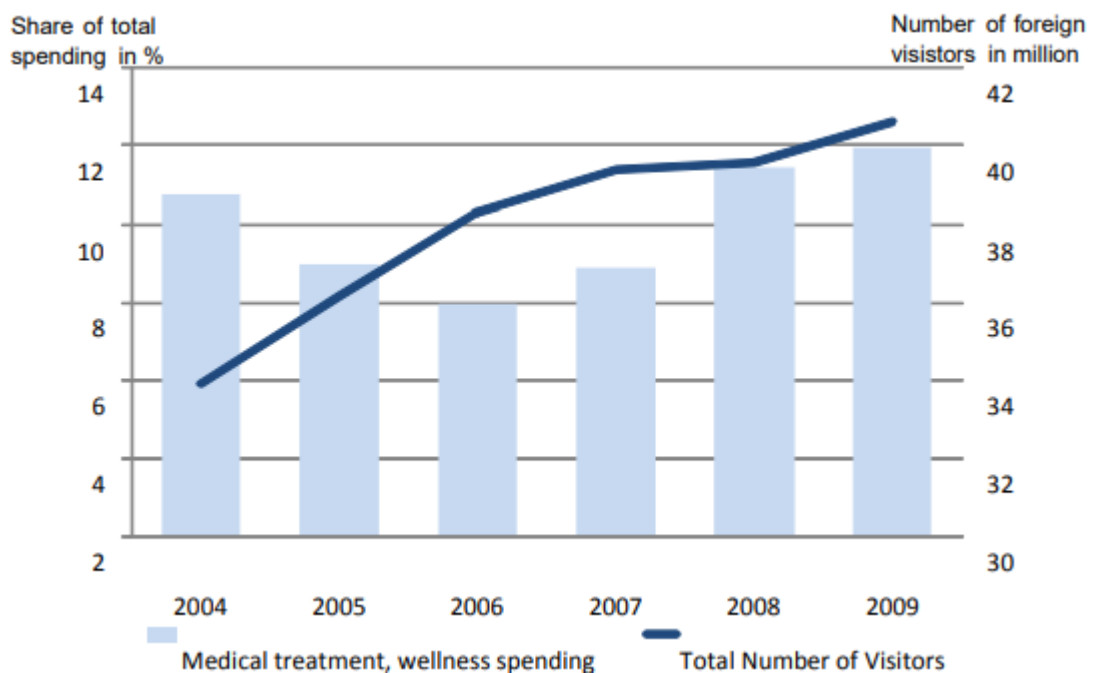


Figure 1 Tourists Visiting Hungary 2004-2009 (source: Piazolo & Zanca, 2011, p. 154)

Kovacs, Szocska and Knai (2014) conducted a research among foreign patients concentrating on medical tourism, specifically on orthopedic care. The research showed that foreigners choose Hungary for a better quality of treatment. For the majority of the participants this was the first time to receive surgery in Hungary; they received recommendations from friends and family, who were exceedingly satisfied with the treatment. However, according to the participants, other Hungarian healthcare facilities were recommended as well (Kovacs et al., 2014).

Moreover, Kovacs et al. (2014) discussed the motivation factors of tourists for choosing Hungary as their primary destination for health care. The majority (72.6%) choose Hungary in order to receive higher service quality. The next motivation factor is the availability of special treatments, which are not accessible in the patient's home country (22.15%). 3.5% of participants were mainly motivated to save time and only 1.8% responded that they travel to Hungary to save money. The reason for this is that care prices in nearby countries are comparable to Hungarian prices, but tourists from a longer distance, such as the UK or the USA, will encounter lower prices in Hungary vis-à-vis home. It is striking that – as shown in section “Advantages and Disadvantages of Medical Tourism” – research showed that the primary motivation factor was the cheaper price in most countries, but in Hungary it is the least important. The reason for this could be that normally foreign people can use their health insurance in Hungary, that is why money does not play an important role.

Connecting to section “Theory of Travel Motivation”, Kovacs et al. (2014) conducted research, where 57.4% of participants were “very satisfied” with the treatment process in Hungary, and 41.6% of the participants were “satisfied”. The clients were especially satisfied with communication because in their opinion health professionals explained well how the treatment was going to take place. In addition, Hungarian doctors communicated well with the patients' doctors in their home country too (Kovacs et al., 2014). Furthermore, one can find connections with the part “Tourists' Motivation for Medical Tourism”, whereby tourists' main motivation factors for traveling to Hungary for medical care are cheaper costs and better quality.

2.5.2 Dental Tourism

In the last chapter of the literature review the author is going to talk about the development of dental tourism in Hungary, about their competition and about the main countries, which the foreign patients are traveling from.

Dental tourism started to grow in the late 1980s, when Austrians started to travel to Hungary for dental treatment because of the high quality of care and lower prices (Zoltan & Maggi, 2010). This gave Hungary a high patient turnover (Kovacs & Szocska, 2013). Ten years later, German and Swiss patients followed. Bünthen (2006) stated that patients started traveling abroad from these countries because of the long waiting lists in their home country. Long waiting lists occurred due to the small number of available dentists and because of the state regulations of the health system.

Despite the high number of dental tourists, around 2003 Hungarian clinics started to provide patients with accommodation, transportation, information about the city, and price saving. Cheap airlines and the entry to the European Union in 2004 helped Hungary to grow in this field (Kovacs & Szocska, 2013; Zoltan & Maggi, 2010). Furthermore, according to the Global Clinic Rating (GCR, 2019), two Hungarian dental clinics are ranked in the top ten dental clinics in the world. Worldwide rankings show (Kamath et al. ,2015; Zoltan & Maggie, 2010), after Mexico (23%)¹ Hungary (16%) is at the second place for dental tourism with India (16%), followed by Thailand (14%) and Poland (13%). On the other hand, Kovacs and Szocska (2013) present a European list of competitors (*Figure 2*), which shows that in Europe Poland is the strongest competitor for Hungary, followed by Turkey, Bulgaria and Spain.

¹ Percentage of all dental tourists

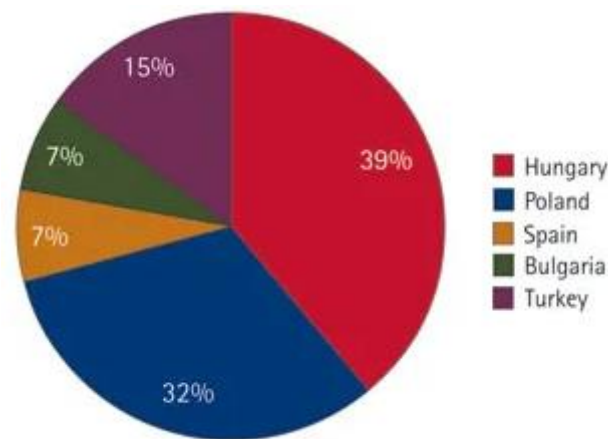


Figure 2 Competitors for Hungary in Dental Tourism (source: Kovacs & Szocska, 2013)

Furthermore, one of the motivations for foreign patients traveling abroad to receive dental care is that some health insurance companies cover most of the treatment expenses even if it is received in foreign countries. Österle et al. (2009) confirm this statement because according to his research, 40% of the dental practices in Budapest have an agreement with the National Health Insurance Fund and 60% of the dentists work privately; in Western Hungary this number is 50-50% (Österle et al., 2009). In addition, the Hungarian government offers subventions as part of the development of dental tourism through state funding (Jurisic et al., 2017).

Kovacs and Szocska (2013) divide dental tourism into three parts: primary dental care, specialist dental care, and out-of-hours dental service. The majority of patients travel to Hungary for dental care because they can receive the surgery free of charge if the tourist has health insurance (Kovacs & Szocska, 2013). Österle et al. (2009) found that the most common services required by foreign patients were fillings, implants and partial denture procedures. However, this contradicts Piazzolo and Zanca's (2011) findings because they state that the highest number for service provided in Hungary is for dental crowns.

Hungary is, among others, well-known for dental care, since about 12 years ago there was an increase in prices in Western Europe (Kovacs & Szocska, 2013); specifically, Western Hungary and Budapest are the most popular regions for dental tourism. Moreover, Österle et al. (2009) states that Hungary is 50% cheaper than other

Western European countries and offers better quality service. In 2008, the country became the main destination for dental care due to high quality offerings, but low prices compared to Western Europe with an addition of low cost flights, which allowed tourists to reach Hungary from many European cities (Kovacs & Szocska, 2013). From the advertisement point of view, the word-of-mouth processes play an important role in attracting foreign patients in Hungary (Turner, 2008). Kovacs and Szocska (2013) stated that only 5% of dental tourists plan their trip to Hungary through a travel agency and the rest arrive at their destination on their own. These patients receive information through recommendations, word-of-mouth processes and from the internet.

Well trained dental practitioners, equipped with the most recent and relevant technical knowledge, and the newest technology with the outstanding quality of materials play an important role in the success of dental tourism in Hungary, too (Kovacs & Szocska, 2013). According to Piazzolo and Zanca (2011), many dental clinics are focusing on dental tourism. Patients can view their webpages in English and German as well, patients can choose from lodging and transportation facilities, and additionally, clinics advise on the medical insurance policies in the patient's home country.

Bünten (2006) categorizes tourists according to their destination: Hévíz, Mosonmagyaróvár and Budapest. The group going to Hévíz is more likely to travel with family for a longer period of time (from 8 nights) in order to receive dental care. Tourists who need a longer time to recover, commonly travel to Hévíz and look for accommodation in newly developed hotels that focus on dental tourism. The next group travels to Mosonmagyaróvár, where patients rarely stay overnight after the treatment because the region is so close to the Austrian border. In the research from Bünten (2006) it is stated that in Mosonmagyaróvár 99% of the patients travel from Austria, Germany and Switzerland. The demographic profile for dental tourists is between 45 and 60 years old and they spend between 3,000 to 4,000 Euros. This means that by rejecting treatments in their home country and opting for treatments in Hungary, patients could be achieving cost savings of around 50-70% (Zoltan & Maggi, 2012). In Mosonmagyaróvár region, the practice may organize the whole trip for the dental tourist, including accommodation, itinerary, and transportation

(Bünten, 2006). The last group is Budapest, where the majority of foreign patients (20%) come from the United Kingdom, followed by Austrians with 17.4%, and citizens from Germany and Switzerland share the third place with 11.8% (Österle et al., 2009). Lovelock, Lovelock and Lyons (2018) agree with this statement and add that each year around 40.000-50.000 patients from the United Kingdom arrive in Hungary. The patients' average time spent in the city is from 8 up to 14 days (Kovacs & Szocska, 2013). Apart from that, statistics show that citizens with higher income travel to Budapest to receive dental care (Bünten, 2006). For foreign tourists the capital city of Hungary is an attractive destination for dental tourism because of the good reputation of the Semmelweis University in Budapest. According to Bünten (2006), in the 1980s some hotels were built explicitly focusing on dental tourism. Studies show that in Budapest 50% of the clinics provide services to foreign patients, but the service providing practices' income is only 20% higher than the average (Piazolo & Zanca, 2011). On the other hand, Österle et al. (2009) contradicts Piazolo and Zanca's position because in cities close to the border, such as in Győr, Mosonmagyaróvár and Sopron, dentists' income from foreign patients exceeds 60%.

In conclusion, the outcome of the research of Österle et al. (2009) showed that the majority of Hungarian dentists believe that the key factor for foreign patients traveling to Hungary to receive dental care is the lower price, followed by service considerations, friendly environment and geographic proximity. This can be connected with chapter "Dental Tourism", where price is the main factor for tourists to travel for dental care as well. However, this chapter shows that Hungary beats other countries in terms of quality. 24% of the Hungarian dentists treat foreign patients because of these factors. Furthermore, Hungarian dentists are seen as highly professional, looking at the rate level of complications, which is only 5% higher compared to the other European countries (Szocska & Kovacs, 2013).

3 Methodology

3.1 In-Depth Interviews

Over the past few decades, qualitative research became more acceptable in the scientific world for studying social life (Goodson & Phillimore, 2004). The aim of the qualitative research design is to provide the researcher with a better understanding and to broaden their knowledge about a particular topic. One of the most important areas of qualitative research is the interview, which gives the researcher an in-depth view of the participants' experiences about the topic, which the researcher might not yet be completely familiar with (Turner, 2010). Additionally, a significant amount of information can be collected through qualitative research about the selected subject (Veal, 2011). According to Creswell (2014) there are four types of qualitative data collection: observations, interviews, documents, and audio-visual materials. Creswell (2014, p. 191) divides qualitative interview into four different types:

- Face-to-face – one-on-one, in-person interview
- Telephone – researcher interviews by phone
- Focus group – researcher interviews participants in a group
- E-mail – survey style questions are sent to the interviewee in email

Besides that, Longhurst (2009) laid out three different types of interview forms:

1. Unstructured interviews, where the participants can lead the conversation as well, and the interviewer can spontaneously ask different kinds of questions from the interviewee. The interviewer develops questions as moving forward with the interview. In order to succeed with this type of interview form, the researcher needs to have originality and flexibility (Longhurst, 2009; Turner, 2010).
2. Structured interviews, where the interviewer has prepared pre-decided questions and the participant can only answer those questions. Each interview has to follow the same structure as the preceding one.
3. Semi-structured interviews are somewhere in between structured and unstructured interviews (Longhurst, 2009). According to Gill, Steward Treasure, and Chaswick (2008), as well as Longhurst (2009), the researcher

needs to prepare several key questions that help to define the main area, which gives the interviewer the freedom to conduct the interview in more detail.

According to Creswell and Poth (2006), and Longhurst (2009) semi-structured in-depth interviews are the most commonly used qualitative method in history. Longhurst (2009) explains in-depth semi-structured interviews as “verbal interchanges, where one person, the interviewer, attempts to obtain information from another person by asking questions. Although the interviewer prepares a list of predetermined questions, in-depth, semi-structured interviews tend to unfold in a conversational manner.” (p. 580). This helps the interviewee to explain the topic in more depth and the interviewer can spontaneously ask further open-ended questions, which may not be prepared. Furthermore, personal, confidential, and sensitive topics can be discussed, which the interviewee would not share, if the interview was conducted as a group interview or focus group. In in-depth, semi-structured interviews the researcher has to prepare questions, which are going to be asked at the interview, a location has to be selected, where the interview is going to take place, and finally, the collected information has to be transcribed (Longhurst, 2009; Morehouse & Maykut, 2002).

In order to conduct an interview successfully, the researcher has to have a high level of interpersonal skills (Longhurst, 2009). Guion, Diehl, and McDonald (2001) listed five skills that an interviewer should have in order to conduct a successful interview:

1. Open-mindedness: if the interviewee feels that they are being judged or evaluated, they might not open up and (do not) share so much information with the interviewer. That is why the researcher needs to be open.
2. Flexibility and responsiveness: a good interviewer can react fast to responses and can face challenges.
3. Patience: allowing the participant to talk freely and open up about the topic.
4. Perceptiveness: it is also important to observe different types of body language, such as facial expressions or tone of voice.
5. Good listening qualities: in order to conduct a successful interview, the researcher must listen to the interviewees.

Interviewers have to talk in a way that they develop trust between themselves and the participant, and they need to ask interesting questions (Guion et al., 2001). First, the interviewer should ask questions the participant is more comfortable with and leave the sensitive questions to the end, where the interviewee feels more secure and comfortable (Gill et al., 2008). In order to have a successful interview, the researcher needs to inform themselves briefly about the subject area.

The selection of participants is an important step in the preparation process: the researcher should choose participants who can help “make sense of people’s experiences” (Longhurst, 2009, p. 582). Moreover, the location is very important, especially when the conversation is being recorded: a quiet place should be selected, where both the interviewer and the participant feel comfortable (Boyce & Neale, 2006; Longhurst, 2009).

According to Longhurst (2009), recorded interviews are an advantage, because the researcher can focus on the conversation and does not have to worry about writing down every piece of information. Another advantage of conducting in-depth, semi-structured interviews is that one can understand opinions and behaviors better, one can experience the interviewees’ feelings and their perspective on the issue (Guion et al., 2001; Longhurst, 2009).

When conducting in-depth, semi-structured interviews, participants might feel closer examined than at a group interview, that is why they might hide their feelings and opinions. Therefore, it is important to establish a confidential atmosphere, so the interviewee has the opportunity to open up about sensitive topics. What is more, researchers discuss several issues concerning in-depth interviews, such as what kind of participants they should choose, where to record the interview, what kind of questions they should ask, and how to transcribe the interviews. Another challenge for the researcher is that interviewing is very time consuming because the questions have to be developed, participants have to be searched and selected, appointments have to be scheduled with the interviewees and an appropriate location has to be selected, where both the participant and the researcher feel comfortable. In addition, audio-video recording can have a negative effect on the interviewee because they might feel uncomfortable and they might not be at ease to share stories about

themselves and others if their anonymity is not appropriately protected (Longhurst, 2009).

After conducting the interviews, the researcher needs to start transcribing the interviews, transcribing the questions and answers from the audio recorder. When all the interviews are transcribed, the interviewer should read them through and start identifying and analyzing the answers. Before sharing the results and reporting the findings, the researcher has to verify and check the credibility of the answers (Guion et al., 2001).

In the data collection process not only face-to-face interviews are going to be conducted, but also e-mail interviews. According to Hunt and McHale (2008), e-mail interviews have similarities with face-to-face interviews, although the researcher can organize more than one interview at the same time. With this qualitative method, it is possible to interview participants around the world; there is no need to be at the same location, which makes time management less challenging for the researcher.

3.2 Development of Interview Questions

The research questions aim to help understand why foreign patients travel to Hungary for dental care and to what extent Hungarian dentists benefit from this phenomenon. The researcher developed two sets of interview questions for patients and doctors respectively, which can be found in Appendix 1. The questions are divided into five categories.

Firstly, the focus is going to be on the patients. The first category of interview questions is “intention to travel to Hungary”. According to Kovacs and Szocska (2013), there are different kind of motivation factors for foreigners to travel to Hungary. Therefore, the question examines why foreign patients choose a Hungarian clinic over a clinic in another country. The next question is why the patient decided to go to the chosen clinic and where they found the clinic. With these two questions the first research question can be answered: why do foreign patients travel to Hungary for dental care? After that, the patients will be asked whether the clinic offered them any

package deals and if yes, what the nature of the deal was and whether they took the offer.

The second group of questions is “service at the destination”, where the researcher investigates the kind of treatments the patient received. Furthermore, satisfaction is considered one of the most important factors of tourist experience (Lee & Hsu, 2011), especially for the service provider in the health care industry, in order to be better than the competitors (Teleghani et al., 2011). Therefore, the next proposed question will be how satisfied the patients were with the service.

The last category is “impression of the treatment”. Taking satisfaction into consideration, according to Teleghani et al. (2011), if satisfaction is reached, there is a high probability that the customer is going to return, which is why the first question is whether the patient is planning to return to Hungary for further dental treatments and if yes, when. The next question is if the tourist recommended the clinic to family, friends or to others after the dental intervention. For Hungary word-of-mouth recommendation is particularly important, according to Kovacs and Szocska (2013), as this is one of the main information sources based on which foreign patients usually find Hungarian dentists. Apart from that, the question of what challenges the patient encountered during the visit (if any) and what the clinic could have done differently to improve the treatment experience is going to be analyzed. Lovelock, Lovelock and Lyons (2018) conducted a research about dental tourism in New Zealand, where the outcome for dental tourism was contradictory because there were concerns about the negative impact on the health of the patients. Doctors from New Zealand believe that overseas treatments often result in poor quality and that foreign dentists do not pay enough attention to post-treatments and further dental maintenance.

The next four categories of interview questions are going to be focused on the dentists. The first group “targeting foreign patients” investigates whether Hungarian clinics target foreign patients with advertisements online, in newspapers or magazines. Kamath et al. (2005) states that foreigners, who travel to India for dental tourism, find their chosen clinics on the Internet or in magazines; this paper will explore whether this is also the case in Hungary. Referring back to the category “intention to travel to Hungary”, doctors will be asked the same question whether the clinics offer package deals, such as accommodation or transportation for patients.

Zoltan and Maggi (2010) argued that from 2003, Hungarian clinics have been offering accommodation and transportation; however, this information may be outdated and the researcher would like to find out if this is still the case.

The next group “situation with foreign patients” poses the question, if any difficulties have occurred with a foreign patient, and if yes, what happened. According to Conti et al. (2013) and Kovacs and Szocska (2013) difficulties and after care can be a disadvantage for dentists treating foreign patients. This might influence the second research question negatively. According to Österle et al. (2009) or Piazzolo and Zanka (2011), the most common dental procedures received by foreign patients in Hungary are dental crowns, fillings and implants. In order to find out whether these are still the dental treatments foreigners seek, the question of what treatments dentists provide for foreigners the most often is going to be discussed. Lovelock et al. (2018) believe that dentists improve their skills by treating foreign patients, and so they must keep up with the latest trends. Therefore, the question arises whether Hungarian dentists think similarly, which is why the following question is going to be: “How does treating foreign patients benefit the dentists and their clinics?” This is a key question enabling the dentist to answer the second research question: “To what extent do Hungarian dentists benefit from the phenomenon?”

The following category is “proportion of foreign patients”. According to Kovacs and Szocska (2014), 24% of dentists treat foreign patients. However, the author is curious about the anecdotal data of foreign patients, therefore the following question targets what the percentage of the clinic’s patients traveling from abroad for treatment is, and if the doctor has seen an increase in the numbers of patients from abroad over the five years.

The last group is “dental tourism in the future”, where the opinion of dentists is going to be investigated. Worldwide - after Mexico (32%) - Hungary (16%) is on the second place for dental tourism, followed by India and Thailand (Zoltan & Maggie, 2010). According to Kovacs and Szocska (2013), Hungary was the main destination in 2007 for dental tourism in Europe (39%), and in second place was Poland (32%). The competition is getting stronger, which is why it is key to ask how dentists think Hungary could keep up with the competitors and what could be done differently in order to stay successful compared with other countries. Moreover, doctors will be

asked whether they think Hungary will still be among the top countries for dental tourism in the next 5-10 years and the reasons for their answer. To conclude the interview, with the last question the author would like to find out how dentists see the future of dental tourism in Hungary.

3.3 Data Collection Process and Analysis

A total of nine interviews were conducted, five with dentists working in different clinics in Hungary and four interviews with foreign patients. The doctors were selected by the researcher leveraging their personal network to find these individuals. The author chose the doctors where she was aware that the doctor was involved with medical tourism. Four of the dentists interviewed work in a practice in Budapest and one doctor works in Győr. The doctors helped with the selection process of the patients, who are actual patients of the dentists. Patients' nationalities were Austrian and American. The dentists were asked a month ahead if they were willing to do an interview regarding dental tourism in Hungary, although due to the holiday season in December, the data collection process lasted two months, starting in mid-December and ending in mid-February. Four interviews were held at the doctors' clinics to get a better understanding of the operation of the clinic, and one interview was a Skype interview because the doctor lives in Győr. Email interviews were conducted with the patients to overcome the challenge of distance. To summarize, interviews were held in person, via Skype, and via email.

All interviewees received information in advance about the content of the interview: the patients received the questions in full, but the doctors did not receive the questions ahead of the interview. The interviews with the dentists were on average 20 minutes long. Data collected from patients via email is inherently limited due to the fact that there was limited opportunity to follow up on answers given in emails. The challenge to follow up on answers is a known limitation of email interviews. The interview questions and transcripts can be found in Appendix 1 and 2. It is also important to mention that anonymity was ensured for all interviewees. All the interviews with the dentists were recorded with their permission and deleted on request after the transcribing process. Four interviews with the doctors were held in

Hungarian and translated into English afterward, the rest of the interviews were conducted in English. All transcripts in English and Hungarian are to be found in Appendix 2.

In order to analyze the interviews, first the author conducted transcripts on every interview. The interviews, which were held in Hungarian, were translated into English, which can be found in Appendix 2. After that, the author read all the interviews and categorized the questions and the answers. The author separately evaluated the information given by the doctors and the patients.

4 Findings

In the following section the findings are going to be discussed. It is separated into two main sections: one regarding the doctors and the second concerning the patients. The interviewees asked the author for anonymity and for this reason the author named the doctors as *Clinic 1-5* and the patients as *Patient 1-4*. The numbers correspond to the sequence of the interviews as they were conducted.

4.1 Patient's Point of View

4.1.1 Motivating Factors

Most of the patients already visited other clinics in their home country, but they were not happy with the result or they found it quite expensive, which is why they decided to visit a Hungarian clinic. Two patients thought that the quality in Hungary was higher than in other countries. *Patient 3* believed that private clinics in Hungary were cheaper and hygiene would be better than in a state-run hospital. *Patient 2* knew that "Hungary had the reputation of 'dental tourism capital of Europe'" and found the clinic through the Hungarian Society of Periodontology. The other three patients found their chosen clinic in newspapers, in German TV advertisements, on Facebook or the clinic was recommended by their friends. Furthermore, three patients were offered package deals, such as transportation or accommodation. The main motivation for the patients was to receive an implant at the chosen clinic, although in order to receive an implant, small works had to be done, such as tooth whitening, tooth cleaning and tooth extraction.

4.1.2 Level of Satisfaction

All the patients were very satisfied with the service received. *Patient 2* highlighted the excellent quality of level of service. In addition, he declared that the Hungarian dental clinic became his regular place to visit. *Patient 3* pointed out the competence of the dentists, as well as the hygiene of the clinic and the price of the treatment. One patient had some complications with an implant, but the doctors were very

professional and fixed the problem fast. Due to the high level of satisfaction, patients would definitely go back to the clinic for another treatment, or because of a follow-up visit. Furthermore, patients would recommend the selected Hungarian clinic for friends and families. *Patient 2* stated that he “recommended the clinic to other posters in travel-related internet websites (Reddit, Flyertalk and TripAdvisor)”. Apart from that, *Patient 4* recommended it especially for his family, and he will return to the clinic in a month with his wife because he needs follow-up treatments for his implant. In addition, he wants his wife to be treated by the same doctor as he already trusts this doctor.

4.1.3 Challenges and Recommendation

There are some challenges the patients experienced during their treatment, the most important is the time. *Patient 2*, being a US citizen, had to take such a great distance, which could be inconvenient from time to time. Additionally, *Patient 4* had to take out extra vacation and had to miss work, which may cause problems with their employer. However, patients did not view distance as a major problem. *Patient 2* mentioned preplanning being a challenge, since the administrative team at the clinic did not organize the schedules well, which is why according to *Patient 2* a solution to this problem could be the involvement of the dentist in the pre-planning. *Patient 3* pointed out fear from the treatment as a challenge, but overall, the patient was very satisfied with the treatment and with the friendliness of the staff.

4.2 Doctor’s Point of View

4.2.1 Advertising for Patients

The goal of most clinics focusing on medical tourism is to reach out to as many foreign patients as possible, primarily patients from elsewhere in Europe. For this reason, three of the clinics use online campaigns and advertise on the Internet. The most popular methods are Facebook advertising, Google campaigns, Google searches and reviews. Another advertising technique is online websites, where several foreign

clinics are compared with each other, such as the “Global Clinic Rating” (GCR), which is an independent rating agency and ranks around 400,000 clinics worldwide (Helvetic Clinics Hungary) 2016). *Clinic 1* does not advertise itself anywhere, but according to the doctor interviewed, foreign patients still find them online with the help of “European Center for Dental Implantology” (ECDR), which is a quality certificate. That is how foreign patients find them from all around the world and decide to come to this specific clinic for a dental treatment. Apart from that, the last method used for advertising is TV advertisements. *Clinic 4* concentrates mainly on German and Swiss patients, which is why they are advertised mostly on German TV, such as RTL and ART, although the advertisement is arranged by a third-party company that sends the patients from Germany and Switzerland to the clinic in Hungary.

4.2.2 Package Deals Offered

Clinics try to reach out to customers and attract them by offering various package deals. *Clinic 2*, which is located in Győr, close the Austro-Hungarian border, offers accommodation for foreign patients, because the chief doctor, who established the clinic, developed a hotel opposite the clinic, where patients can stay during their treatment. The hotel serves a so-called “dental menu”, allowing patients to receive special meals adapted to their pre- and post-surgery needs. If the patient stays at the hotel, they receive a discount on the whole treatment. *Clinic 3*, located in a hotel in Budapest, offers a “free consultation package”, which “includes a free consultation, a free panoramic x-ray and free shuttle service to the airport” - according to the doctor. Furthermore, if a patient chooses this package, a night at the hotel is included as well as a refund of the plane ticket. Moreover, *Clinic 4* offers different kind of packages, such as the “fly and try” and “rail and try”, which are organized by the external clinic and the patient coordinator. These include either plane tickets or train tickets, accommodation (if needed) and treatment at the Hungarian clinic. Moreover, there is the “Voruntersuchung mit Paket”², which includes tickets, accommodation and the treatment, and a consultation with the doctor. On the other hand, “Voruntersuchung ohne Paket”³ only includes a consultation. These package deals are very popular

² In English: Preliminary examination with package

³ In English: Preliminary examination without package

among German patients because health insurance covers the majority of their costs. By contrast, *Clinic 5* only offers transfers, and *Clinic 1* does not offer any package deals for foreign patients at all.

4.2.3 Challenges of Treating Foreign Patients

According to all the doctors that have been interviewed for this research, patients from foreign countries travel to Hungary to receive major dental treatments: full mouth rehabilitation is one of the most popular treatments among foreign patients, followed by implantation. *Clinic 1* and *5* stated that prosthetic work, aesthetic treatment and crowns are requested too. *Clinic 2* mentioned circular bridges and small dental treatments as well. This clinic can be found in the western city of Győr, close to the Austrian border, which is why foreign patients with just minor dental problems are willing to travel there. The maximum distance a patient would drive for only one occasion or check-up is four hours, or around 400 km.

Each doctor explained why different kinds of challenges and problems can occur during and after treating foreign patients. Major dental treatments may take a significant amount of time, but the patient may not be able to go back to Hungary regularly, which can lead to challenges. Doctors agreed that timing is a major problem. Normally, a local patient's treatment would last around 1 or 1.5 years. They have to visit the clinic at least four times during this time. With a foreign patient this is often not an option as they are less flexible; often the work has to be completed in a much shorter timeframe. If any unexpected issue arises (e.g. the clinic or doctor makes a mistake, so the patient gets unsatisfied with the service), the patient may have to stay in Hungary longer than planned, which can cause inconvenience. According to *Clinic 2*, it can be hard to organize a longer stay because patients have family and work commitments back home. Even if a patient comes only for just one day, time is scarce because the guest might have to catch the plane or the train. This leads to the next point, which is distance. If there is a problem, or a tooth is hurting, it is harder for the patient to travel back to Hungary.

An example of innovative use of technology is doctors asking patients to send them a video or photo of the problem. Most of the time the doctor can find a solution, but

sometimes the patient is asked to come back. *Clinic 4* has partner clinics in Switzerland and Germany, where if there are any complications after the surgery, patients can visit these clinics in their home country and they get a €100 voucher, or if there is a bigger problem, the patient receives a “warranty pack” up to €400. However, this is not the case at all the clinics, so they have to deal with complaints and conflict situations.

Not to mention that, according to *Clinic 1*, the quality of care received by foreign patients may be lower because the treatment or surgery has to be executed in a short period of time. This can lead to a lower quality of work by the doctor. A local patient might experience a higher level of quality of treatment because local citizens have the opportunity of visiting the clinic more often. *Clinic 4* gave an example of this situation, where they give the patient a provisional (temporary) prosthesis, which should be used for three months, but it is very unreliable and often breaks. That is why the clinic receives several complaints about these types of prosthesis.

4.2.4 Beneficial Factors

Looking at the beneficial factors, doctors enumerated several points about the positive influence of dental tourism on patients, clinics and doctors. Money was the first and most important factor. Only a small number of Hungarian patients are willing to pay the high price to receive an implant treatment. It is more profitable to treat foreign patients, as *Clinic 5* stated “foreigners come for complex large treatments, so the cost per patient is much higher than for the average domestic patient”. What is more, for *Clinic 2* it is more beneficial if a foreign patient visits their clinic because in case of bigger treatments, the guest is more likely to stay in the hotel affiliated with the clinic or its employees, and will bring extra revenue through accommodation, restaurant and other facilities used. The extra revenue from offering these additional services can be used to invest in facilities and new equipment.

Another aspect is personal education and diversity. According to *Clinic 3*, at clinics that mainly treat local patients “the advancement of doctors is not as secure, it is not guaranteed, as at our clinic”. Taking into account the fact that foreign patients usually come for implant or full mouth rehabilitation, a junior doctor may gain as much

experience in a month as in a locals-only clinic in a year. In the beginning young doctors make minor treatments, surgeries, or fillings. However, they treat so many kinds of patients in a very short time, that young dentists gain knowledge faster. Although at the beginning of their carrier there is always an experienced specialist beside them, who mentors the junior doctors.

Lastly, if a foreign patient is satisfied with the service and with the result, there is a higher chance that the patient will recommend the Hungarian clinic to friends and family. This results in a knock-on effect that brings more foreign patients to the clinic. *Clinic 2* stated that sometimes a patient even brings his friends or family members with them to their next appointment. When this is the case, the clinic will ensure that they are treated at the same time in order to decrease waiting time.

4.2.5 The Future of Dental Tourism

All the doctors have the same opinion regarding the future of dental tourism in Hungary; they stated that Hungary will definitely stay one of the main destinations for dental tourism in the short-term. In the last couple of years an increase can be observed. For example, the number of patients at *Clinic 3* quadrupled between 2015 and 2019. According to *Clinic 3*, at the beginning of 2020, the share of foreign patients among all patients was around 95%. Increasing patient numbers have forced these clinics to move their operations to larger premises. However, the large number of foreign patients limits the number of available appointments for domestic patients. As an example, *Clinic 4* is not allowed to give Hungarian patients appointments before Wednesday because Monday and Tuesday are reserved for foreign patients, who make up 80% of the clientele. *Clinic 2* focuses more on domestic patients and the ratio of foreign and domestic patients is 1:1. According to *Clinic 5*, they have a 5-10% increase of foreign patients every year, except in 2008, where they experienced a 20% drop due to the financial crisis that year. By the end of 2019, 40% of all of their customers were foreign patients.

Doctors believe that Hungary will definitely be able to keep up with the competing countries because Hungarian clinics that treat foreign patients have the most up-to-date equipment, such as the best CT and X-rays. *Clinic 5* argued that due to the best

equipment, Hungary has the best quality as well. Turkey might have cheaper prices, but the quality is not as good as in Hungary. However, it is just a matter of time that Turkey will overtake Hungary, as it did in the area of hair and corneal transplants. In 2015, 2016 and 2017 *Clinic 3* was even selected as the best clinic in the world as mentioned above in section “Reaching out to patients”.

Another reason for being able to keep up with the competitors is the level of education. Medical education in Hungary is considered reputable and of high quality: “doctors from Semmelweis University and other Hungarian universities are highly qualified in the field of Hungarian medical training “, stated the doctor at *Clinic 3*. Additionally, Hungary has a 30-year advantage in dental tourism, which started at the Austrian border and then appeared in Budapest 15 years ago, which gives Hungary an advantage.

Four out of five doctors believe that the number of foreign patients will increase, but not dramatically anymore. According to *Clinic 4*, currently Western countries are not training enough doctors, which is one of the reasons why people find it difficult to get an appointment in their home country. *Clinic 4* believes that Hungary will remain one of the main destinations for dental tourism, due to the reason that the clinic moved to a bigger property. Besides that, *Clinic 5* explained that until Hungary can keep the prices they have now and as long as it does not “reach the 50% of the Western European price level for dental treatment, including hotel cost and the cost of air travel or travel”, they will continue to be the main destination. *Clinic 5* believes that the moment prices converge and Hungary loses its comparative advantage will not happen for another 10 years. However, *Clinic 3* admits that people cannot predict the future of dental tourism because the world is constantly changing along with the market and the economic situation. *Clinic 3* gave France as an example, where the government introduced the 100% refund system⁴, which is why this clinic is expecting a decrease in French patients.

⁴ The French government introduced a refund system, where 70% of most healthcare costs are refunded and 100% of expensive or long-term illnesses are reimbursed (Braithwaite et al., 2018).

5 Conclusion and Recommendation

This thesis aimed to research why foreign patients travel to Hungary for dental care and to what extent Hungarian dentists benefit from this phenomenon. In order to find answers to the two research questions, in-depth interviews were conducted to gather information from dentists who work in a clinic in Hungary and from foreign patients who received dental care in Hungary.

Dental tourism is widely discussed by academics, although few qualitative researches have been conducted on the matter of Hungary. This thesis contributes to filling the knowledge gap in the literature and aims to shape dentists' thinking about the future of the industry. Additionally, the thesis intends to recommend solutions to common issues foreign patients may encounter during their treatment. The result might help doctors to get a better understanding of why foreign patients go to Hungarian clinics and to focus on areas that could benefit from further improvements. As showed in secondary and primary research, dental tourism became popular over the past few decades, although the primary research suggests that going forward the sector is unlikely to maintain its current growth rate. That is why Hungary has to focus on how to keep up with competitors in other countries.

The secondary research showed that only a small number of dental tourists plan their trip through travel agencies; other patients plan them by themselves. Secondary and primary research suggest that foreigners choose their clinic through recommendations from friends and families, and through the internet. In addition, primary research showed that TV commercials are also a popular advertisement method.

The author found similarities between secondary and primary research concerning pull motivation factors: low cost, less waiting time, up-to-date technology, quality treatment and care were mentioned both by patients and by Singh (2019). The answer to the first research question of why foreign patients travel to Hungary for dental care, is cheaper prices and quality, as academic literature suggests. As stated in the secondary and primary research, some patients take advantage of the fact that most of the health insurance companies offer to pay for treatments received abroad. Therefore, foreign patients can receive higher quality treatments in Hungary that are

covered by their health insurance policy. However, there are some challenges patients face during the treatment process: if there are some complications after the treatment, or it is necessary to receive aftercare, most of the time the patient has to travel back to Hungary in order to solve the problem. The author recommends that Hungarian clinics cooperate with clinics in patients' home countries, where Hungarian dentists can send their patients to. This will lead to prevent the patient from additional trips back to Hungary for extra minor treatments. As a first step, such alliances should be developed in countries where Hungarian clinics receive most of the patients from. However, building alliances could also be used to target potential patients in countries that are currently underrepresented among patients traveling for dental care – this is an area that requires further research.

Furthermore, according to the secondary research, dentists should provide patients with sufficiently detailed information about possible complications and problems. In order to keep foreign patients satisfied, some clinics should arrange trips for foreign patients in a more organized and professional manner. The administration team should work together with the dentists in order to limit problems arising. Additionally, primary research showed that time is an important factor for foreign patients: guests often have to stay longer than planned, for example, because they have to wait for their implant. Most clinics in Hungary do not have a lab at the property, which could lead to longer waiting times for foreign patients. Therefore, the author recommends to clinics they should evaluate whether including a small lab at their medical center would be a worthwhile investment, although further investigation is needed in order to see if this expenditure is beneficial for the clinics.

Finding answers to the second research question; to what extent Hungarian dentists benefit from treating foreign patients, was another aim. First, secondary and primary research showed that profit is the highest motivation factor for dentists, followed by investing into higher quality equipment. Interviewees mentioned more motivating factors than one can find in the literature; for example diversity and experience are further benefits for dentists. Furthermore, the literature and the primary research suggest that education and the purchase of modern equipment play an important role.

The secondary research suggests that there is only one disadvantage in medical tourism from the doctors' point of view, although from the primary research the author collected further points: 1) doctors are worried that they drive away local patients by focusing on foreign patients, and 2) the challenges to win and maintain foreign patient confidence and trust. Especially in the beginning, foreign patients may approach clinics with a level of distrust and skepticism, which is a challenge to overcome to attract more patients from abroad.

In this thesis, some limitations should be taken into consideration. Dentists were selected from private clinics throughout Hungary and where the author had a personal connection, or where the author knew that the clinic treated foreign patients as well. Apart from this, due to the holiday season, the author was only able to interview a limited number of dentists. This means the study sample is small and thus the results should be interpreted with caution. However, the selection process should not be considered as mirroring the views, as clear differences can be discovered among the dentists. From the patients' point of view, the author faced with some difficulties during the interview collection process, such as patient confidentiality. That is why a limited number of patients were interviewed. Not to mention the fact that, data collected from patients via email is limited because there was limited opportunity to follow up on answers given in emails. Regarding the secondary research, there is a lack of literature focusing on dental tourism in Hungary. Moreover, the author had difficulties to find exact numbers regarding health tourism in general and for Hungary specifically.

Only one clinic outside Budapest is included in this study. Future studies should ensure that an appropriate number of clinics from all parts of Hungary are included. In conclusion, there are several benefits originating from dental tourism, and Hungary is likely to remain the primary destination for dental tourism in the next couple of years. However, the world is changing fast and it is possible for Hungary to lose its position as a top destination for dental tourism, which is why dentists have to be aware of the latest trends and maintain high standards and quality. The aim of this thesis was to assess the future of dental tourism in Hungary and to give recommendations for dentists on how they can stay relevant in this field. The author suggests developing cooperation with clinics in countries where Hungarian clinics receive most of the

patients from, and because of lack of time doctors should evaluate whether including a small lab at their medical center would be a worthwhile investment. Besides that, increasing the level of transparency among employees would lead to knowledge sharing on the time frame of treatments as well as on the planned length of the client's stay. Based on such cooperation a stable treatment process can be developed, which promotes the deduction of additional costs and also the number of after-care treatments.

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Appendices

Appendix 1: Enquiry of Interviews

Patients:

Dear Participant,

I would like to thank you for agreeing to complete this short survey for my Bachelor Thesis. The topic of the thesis is dental tourism in Hungary – why do foreign patients travel to Hungary to receive dental treatment and how dentists benefit from this phenomenon. The survey is anonymous; your name will not appear in the final paper or any other published materials.

Nationality:

1. Did you consider any other non-Hungarian clinics before you took your decision? If yes, what were some of the key reasons why you chose a clinic in Hungary over a clinic in another country?

Answer:

2. How did you hear about your chosen clinic and why did you decide to go to that clinic?

Answer:

3. Did the dental clinic offer you any package deals? If yes, what was the nature of the deal and did you take the offer?

Answer:

4. What kind of service(s) (dental treatment) did you receive?

Answer:

5. How satisfied were you with the service(s) received?

Answer:

6. Are you planning to return to Hungary for further dental treatments? If yes, when do you plan to return?

Answer:

7. Did you recommend the clinic to friends or family? Are you aware of any friends or family visiting the clinic based on your recommendation?

Answer:

8. What problems/challenges did you encounter during your visit (if any)? What could your clinic/doctor have done differently to improve your treatment experience?

Answer:

Doctors:

1. Do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?
2. Do you offer any package deals for foreign patients?
3. What treatments your clinic offers are most popular among foreign patients?
4. What are the most common challenges/problems you encounter when treating foreign patients?
5. How does the fact that your clinic also treats foreign patients benefit you and your clinic?
6. Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

7. Have you seen an increase in the numbers of patients from abroad over the last five years?
8. Do you think Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?
9. Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not?
10. How do you see the future of dental tourism in Hungary?

Appendix 2: Interview Transcripts

Patient 1:

Nationality: Austrian

1. Did you consider any other non-Hungarian clinics before you took your decision? If yes, what were some of the key reasons why you chose a clinic in Hungary over a clinic in another country?
Answer: I contacted a dentist in Austria, but the price was too high for me.
2. How did you hear about your chosen clinic and why did you decide to go to that clinic?
Answer: I found advertisements in some newspapers, in which Hungarian dentist offered their services. I decided to try them all the more as these clinics were near to the Austrian-Hungarian border
3. Did the dental clinic offer you any package deals? If yes, what was the nature of the deal and did you take the offer?

Answer: They offered to deliver the clients by taxi from their home to the clinic in Hungary, or to stay in small hotels. The prices were also more advantages.

4. What kind of service(s) (dental treatment) did you receive?

Answer: Prosthesis, bulk, implantation

5. How satisfied were you with the service(s) received?

Answer: some were good, some not

6. Are you planning to return to Hungary for further dental treatments? If yes, when do you plan to return?

Answer: it depends on the result of the treatment. If it was satisfactory, why not

7. Did you recommend the clinic to friends or family? Are you aware of any friends or family visiting the clinic based on your recommendation?

Answer: Yes

8. What problems/challenges did you encounter during your visit (if any)? What could your clinic/doctor have done differently to improve your treatment experience?

Answer: I don't know as I have no experience in these types of treatments.

Patient 2:

Nationality: American

1. Did you consider any other non-Hungarian clinics before you took your decision? If yes, what were some of the key reasons why you chose a clinic in Hungary over a clinic in another country?

Answer: Yes. Initially, I very briefly looked at a dental clinic in Guadalajara, Mexico. I choose Hungary because I thought the quality of the work would be substantially at a higher quality.

2. How did you hear about your chosen clinic and why did you decide to go to that clinic?

Answer: Prior to my search, I knew Hungary had the reputation as the “dental tourism” capital of Europe. I wrote to the President of the Hungarian Society of Periodontology asking for a professional referral. I decided to go the clinic after an exchange of emails with the periodontist who was referred to me..

3. Did the dental clinic offer you any package deals? If yes, what was the nature of the deal and did you take the offer?

Answer: No deals were offered.

4. What kind of service(s) (dental treatment) did you receive?

Answer: For my Initial visit to Hungary, I had a fractured root that was extracted. Subsequently, I have had, the tooth extracted, and I have had a couple of dental implant procedures.

5. How satisfied were you with the service(s) received?

Answer: Very satisfied. The quality work has been excellent. Over time, the Hungarian dental clinic has become my regular dentist.

6. Are you planning to return to Hungary for further dental treatments? If yes, when do you plan to return?

Answer: Yes, I will return. I plan to have a follow-up visit to Hungary when the winter weather subsides.

7. Did you recommend the clinic to friends or family? Are you aware of any friends or family visiting the clinic based on your recommendation?

Answer: I have not recommended the clinic to friends/family. The situation has never occurred where I have been asked for a dental referral. I have strongly recommended the clinic to other posters in travel-related internet websites (Reddit, Flyertalk and TripAdvisor). I do not know if my recommendations to other posters have been followed-up upon.

8. What problems/challenges did you encounter during your visit (if any)?
What could your clinic/doctor have done differently to improve your treatment experience?

Answer: It's been pretty good on the whole. There have been two issues. 1) Timing. The biggest problem has been the length of time I occasionally need to be in Budapest for in order to complete some dental procedures. I'm not sure the dentist/clinic could do very much to mitigate this issue. 2) Preplanning. Since I'm travelling to Budapest from Los Angeles, California, my dental schedule needs to be really "buttoned-up" prior to my visit. This has not always been the case, especially when I've worked with the clinic's administrative staff. They are not trained in dental procedures/timing, and it has resulted in scheduling problems when I'm in Hungary. It would be helpful, if the attending dentist was always involved in trip pre-planning.

Patient 3:

Nationality: Austrian

1. Did you consider any other non-Hungarian clinics before you took your decision? If yes, what were some of the key reasons why you chose a clinic in Hungary over a clinic in another country?

Answer: No I didn't visited any non-Hungarian clinics before, I chose to come to Hungary mainly because of the affordable prices for the treatments, as well as the high promotion I saw on the internet from Hungarian dental firms. (on German TV and from friends) Furthermore,

as it is a private clinic, I would think that the hygiene is much better than in a governmental institution.

2. How did you hear about your chosen clinic and why did you decide to go to that clinic?

Answer: I heard about the clinic I chose from a friend of mine, who told me she did the same treatment for half the price as in her country (she is from Austria). And although it's a private clinic, in which you can get an appointment so much faster than in a governmental institution.

3. Did the dental clinic offer you any package deals? If yes, what was the nature of the deal and did you take the offer?

Answer: Yes, they offered me a package of a teeth whitening treatment, which included a dental cleaning in the clinic and a long-term tooth whitening kit (with imprint) which includes the serum and the imprint in the price. I decided to take the offer, as it was so much cheaper than in my country, and I didn't know when I would get another chance of an offer like this, so I wouldn't wanna miss it.

4. What kind of service(s) (dental treatment) did you receive?

Answer: I got an odontectomy of my wisdom tooth.

5. How satisfied were you with the service(s) received?

Answer: I was very satisfied with the service I received, also with the competence of the dentist, as well as the hygiene of the clinic and the price of the treatment.

6. Are you planning to return to Hungary for further dental treatments? If yes, when do you plan to return?

Answer: Yes, as soon as I get any other dentistry problems, or maybe for another teeth whitening treatment.

7. Did you recommend the clinic to friends or family? Are you aware of any friends or family visiting the clinic based on your recommendation?

Answer: I recommended the clinic to my German friends and family, who would likely visit the clinic if they have any difficulties with their teeth or as far as they need any treatments. They said they also heard a lot from Hungarian dentistry clinics, which would be much more affordable than any other in Austria

8. What problems/challenges did you encounter during your visit (if any)? What could your clinic/doctor have done differently to improve your treatment experience?

Answer: I in fact didn't receive any difficulties during my visit, that would be significant for me, my only challenge was that I'm afraid of dentists in general, so maybe my fear of going there challenged me a lot, but the staff was very nice.

Patient 4:

Nationality: Austrian

1. Did you consider any other non-Hungarian clinics before you took your decision? If yes, what were some of the key reasons why you chose a clinic in Hungary over a clinic in another country?

Answer: Yes I was in Austrian clinics as well before, but unfortunately I wasn't happy with the results, and the private clinics are very expensive in Austria, so I never went. That is why I chose to come to Hungary, because I knew that the treatment here is way cheaper and I hear that Hungarian doctors are doing a nice and precise work. And they are very fast, a prosthetic work is done in a week.

2. How did you hear about your chosen clinic and why did you decide to go to that clinic?

Answer: I heard about the clinic from friends and they recommended me the place. But I have seen the advertisement of the clinic on Facebook as well. I came here because at this clinic everything is at one

place, they sent me a car to the airport to pick me up. They even have a hotel, where I could stay during the treatment, they also have a “dental menu”, which is really nice. And I even got a discount from my whole stay.

3. Did the dental clinic offer you any package deals? If yes, what was the nature of the deal and did you take the offer?

Answer: Yes they offered, and I took the offer. They have a hotel, where I stayed and they offered me transport from the airport as well.

4. What kind of service(s) (dental treatment) did you receive?

Answer: I came to receive a prosthetic work, to be specific I came for implant. So I received every treatment, which has to be done in order to receive an implant, such as tooth cleaning.

5. How satisfied were you with the service(s) received?

Answer: I was overall very satisfied with the service I received. I had a little problem with one of the implant, but the doctor’s did the whole teeth all over again, they did not cause any problem about it.

6. Are you planning to return to Hungary for further dental treatments? If yes, when do you plan to return?

Answer: Yes I am definitely going to return. First of all because of my implant I have to come back every half a year, but I also told my wife to come here to check her teeth, and I want to accompany her. I even told my doctor, that I want my wife to be treated by him. I am planning to return in a month with my wife.

7. Did you recommend the clinic to friends or family? Are you aware of any friends or family visiting the clinic based on your recommendation?

Answer: Yes I would definitely recommend it to friend or family, as I already recommended it to my wife. And because my friends

recommended this place to me, I would definitely recommend this clinic for my other friends as well.

8. What problems/challenges did you encounter during your visit (if any)?
What could your clinic/doctor have done differently to improve your treatment experience?

Answer: The only problem was that because of the implant I had to take out a week holiday and I missed work because of that. And well the distance should be considered as well, but I wouldn't call it as a problem really.

Doctor 1:

Interviewer: Thank you so much for taking time and meeting with me. Would you mind if I record the conversation?

Interviewee: Yeah no problem.

Interviewer: Great thank you. So my first question would be, do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?

Interviewee: Actually our clinic doesn't really target foreign patients, öhmm.. it just happens somehow that we have some foreign patients, because our clinic is registered on ECDR, which is European Center for Dental Implantology and actually we are the only one clinic in Hungary actually registered in this homepage. So I think this is how patients get to us.

Interviewer: Okay and this ömm, what is this website, if you could just tell me?

Interviewee: Öhmm... It's just kind of a öhm...

Interviewer: A certificate?

Interviewee: certificate yeah, which you can get if you have the quality for it.

Interviewer: okay, that is very interesting thank you. So then öö do you offer any package deals for foreign patients?

Interviewee: No not really.

Interviewer: Ühümm.. What treatments your clinic offers are most popular among foreign patients?

Interviewee: Implantology. I mean dental implants. Mostly prosthetic works, which means crowns, bridges, öö yeeah I think that's the most popular.

Interviewer: And do you know if...

Interviewee: Ah yeah sorry maybe kinda full mouth rehabilitation. So kind of bigger works.

Interviewer: Aha so maybe big ones and not just whitening.

Interviewee: Yeah no, big ones.

Interviewer: Okay. And what are the most common challenges/problems you encounter when treating foreign patients?

Interviewee: I would say check-ups, because you know patients leave after a few week or few days and we don't really have the checkup.

Interviewer: Which would be needed after the treatment?

Interviewee: Yeah which would be needed after the treatment. And another problem is the time, because usually they maybe come for some weeks, I mean like for one or two weeks and we have to finish the work within this time so, so sometimes it is really busy. And sometimes if there is some problems, we cannot see öhm... we cannot see like forehead or forward. I mean it gets yeah.. it is a challenge. And I think the difficulty is that if you say the patient is coming for 2 weeks, it seems like a lot of time. So for example, if someone takes a vacation for 2 weeks it seems like a lot of time, right? But between different dental technician sessions or between dental works, that the things are getting done step by step, we usually leave a week between these steps, or like sessions. And obviously if you come from far away and stay for two weeks, we try to

shorten it, but still, we have to say that 4-5 times divided for that two weeks is not much. For example, to take an imprint, then the patient needs a trial, then another trial. So it's not like getting an imprint and sending it over and it's done. But we have to work in small steps, for example we do an imprint, then we send that step back to the technician, then they send it back to try that with the patient, and we have to send it back again for fixing that up, or doing the next step, and so on. And that's how you can do a job well. So it's not like we take the imprint, we do it somehow and that's how it turned out. We are really trying to take the time to do the work right.

Interviewer: Yeah I understand. And how does the fact that your clinic also treats foreign patients benefit you and your clinic?

Interviewee: Yeah I would say, öhm...

Interviewer: The money or..?

Interviewee: Yeah maybe the money.

Interviewer: Or do they bring you something from abroad or do they give you idk presents?

Interviewee: Yeah that happens sometimes, but we are satisfied if they are satisfied with the work we make and if they pay then it's okay.

Interviewer: Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

Interviewee: hmm.. Approx. I would say between 5 and 10 %.

Interviewer: Only?

Interviewee: Yeah and we also have a lot of foreign patients living in Hungary and sometimes it is hard to know whether they still live here, or they are a tourist. But yeah not more than 10%.

Interviewer: And have you seen an increase in the numbers of patients from abroad over the last five years?

Interviewee: Yeah yeah.

Interviewer: And a not or...

Interviewee: Well not a lot, but since we have this öööhm. Yeah since we are registered to this home page, there is an increase but not that much.

Interviewer: Okay ühüm... Do you think Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?

Interviewee: I think the dental work in Hungary has a quiet good quality, well not everywhere, but in common. And öö of course I think the prices are much cheaper in Hungary than for example the neighboring countries. Ömm so I think Hungary is still a good place to come for dental work.

Interviewer: So if they would keep up with the same prices or like compared to other countries and keep the same quality then they could remain competitive like that?

Interviewee: Yeah but I think the main problem is, that many clinics in Hungary are targeting foreign patients and dental tourism and they have to go really quickly to get the works done and I am not sure that the quality is the same. So I think that's a problem, that the quality is not the same for foreign patients then for locals, because they can't come back sometimes.

Interviewer: Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not?

Interviewee: Yeah I think that's true because ömm prices wont really increase and yeah. I think the education of dentists in Hungary is quite good. The university has good reputation and good connections to other European universities. So I think the education is pretty good so yeah. So it's still a good thing.

Interviewer: How do you see the future of dental tourism in Hungary?

Interviewee: Well I think there will be... I think the number of foreign patients will increase in the next few years, but I think somehow it would be good to organize things better to.. to really have the time for the quality work.

Interviewer: Because I read that there are clinics, who have like other small clinics in foreign countries, where they have these checkups. Do you think that would be a solution?

Interviewee: Yeah that could work actually.

Interviewer: Or did you hear about this,

Interviewee: Yeah I am just not sure how they stay competitive. I mean if they have a clinic in London let's say, then do they have a clinic just for check ups or other work as well? Because idk how that makes sense to send the patients to Hungary.

Interviewer: Yes that makes sense. Okay and do you have maybe something else do you want to add?

Interviewee: Hm..

Interviewer: If not then thank you very much for your time.

Interviewee: Thank you!

Doctor 2:

Transcript in Hungarian

Riporter: Köszönöm, hogy időt szakítottál rám.

Alany: Persze nagyon szívesen.

Riporter: Reklámozzák-e a klinikát kifejezetten külföldi betegeknek, online, újságokban / folyóiratokban vagy máshol?

Alany: Igazából mostmár újságokban nem nagyon, régen reklámozta a főorvos úr a rendelőt kepi újságokban. Ez egy 26 éve működő rendelő egyébként, és körülbelül fele fele a külföldi és magyar beteg anyag és régen még kellett az ügye, hogy újságokban megjelenjen, manapság kepi újságokban abszolút nem, csak a facebook meg a az interneten nem tudom, hogy hogy működik, de ha beírod, hogy fogászati rendelő, akkor biztos, hogy az elsők között jön elő ez a rendelő.. tehát inkább ilyen Google keresések, meg vélemények alapján, de már újságokban nem.

Riporter: Kínálnak csomagokat külföldi betegeknek?

Alany: Így van. Hát úgy van, hogy elég jól megcsinálta itt a főorvos úr a dolgokat, mert van egy hotel is a rendelővel szemben, ami szintén lényegében a főorvos úr tulajdona. Ott van egy étterem is, és ezáltal a külföldi páciensek, akik úgy iynl hát nyilván ilyen nagyobb kezelésekre jönnek el, nem akarnak utazni nap mint nap, őket akkor itt elszállásolja, és van dental menu, szóval akiket így megműt, fogat húz vagy bármi ilyen történik, akkor ők itt tudnak enni, figyelnek rájuk, hogy mit szabad enni é smit nem. Szóval igazából ez a csomag, hogy eljönnek, és minden egy helyben megvan. Így azért kedvezmények is nyilván adhatók valamelyik részből.

Riporter: Akkor így szállással kezdve mindent.

Alany: Aha igen. Annyi, hogy az utazást megoldják maguk. A legtöbben ügye ausztriából jönnek, de jönnek svájcából is. Ügye jó ez a Railjet vonat, mert jönnek a vonattal, Győrben leszállnak a vasút állomáson, ami 5 percre van a rendelőtől. Szóval abban nem nagyon kell segítség nekik. Igen ez így megy, aztán a szállás ami így nagyon jó dolog, hogy itt van szemben a rendelővel.

Riporter: Melyek azok a kezelések, amik a legnépszerűbbek a külföldi betegek körében?

Alany: Hát ügye azért aki már eljön, ők a teljes száj rehabilitáció miatt jönnek és akkor ügye azért is kell a szállás, mert ügye azért az nem egy egy alkalmas tömés, hanem akkor az tényleg az, hogy ha olyan állapotú a foga, hogy megtartható, akkor is valószínűsíthető egy nagyobb munka, tehát egy körhíd. Ha nem tartható meg a foga, akkor meg ügye a főorvos úr az aki műt nálunk, szóval egy implantációval oldja meg. Ezek a nagyobb dolgok, amik miatt eljönnek távolabbról, de egyébként a határ közeli

falvaktól megfigyeltük, hogy fogfájósok is simán eljönnek, tehát ez az 1-1,5 óra utazás akár tényleg egy fogfájós is átjön a határon túlra és akkor itt megcsináltatja. De mindig a Salzburg a határ. Szóval mindig figyeljük, hogy az ügye 400 km, tehát az ilyen 4-4,5 óra út az a határ, amit még akár megtesznek egy alkalom miatt is. És azok akik már messzebről jönnek, az a biztos, hogy itt alszanak és itt töltik a hetet, két hetet.

Riporter: Aha értem értem, akkor akár még Salzburgból is egy alkalomra oda-vissza megteszik az utat.

Alany: Aha igen igen. Az a határ azt megfigyeltük, hogy valaki képes leutazni azt a 4-4,5 órát csak egyszeri alkalomra. Meg itt terjed tényleg, szóval itt az a jó, hogy terje magától ügye a rendelőnek a neve, így rokonoknak és ismerősöknek. És akkor mindig úgy intézik, meg mi is úgy igyekszünk, ügye egyszerre 5 orvos dolgozik nálunk, de ügye két műszakban, tehát így megoldható az is, hogy jön egy tele autó, tehát jön 5 páciens, és nekik meg tudjuk úgy oldani, hogy minden orvoshoz egy valaki és akkor időben is körülbelül egyszerre végeznek. Nem az van, hogy végig kell várni egyik a másikat, hanem összehozzuk, hogy minden orvoshoz jusson valaki és akkor egyszerre jönnek és egyszerre mehetnek.

Riporter: Ez akkor így elég jól meg van szervezve.

Alany: Aha igen meg meg. Úgyhogy tele autókkal szoktak jönni, vagy pedig idősebbek is csapatostul a vonattal aztán akkor így együtt eljönnek, meg mennek.

Riporter: Melyek a leggyakoribb kihívások / problémák, amelyekkel külföldi betegek kezelése során szembesül?

Alany: Hát van ügye ez az időkorlát, hogy ügye ő nekik se húzhatjuk az idejüket, hogy most három hétig itt legyenek a hotelben, meg családjk van akik várja őket. De viszonylag megértik a dolgokat, hogyha egy fogpróba nem jön össze az első próbára, és a másodikra kell maradni plusz egy napot, akkor azért az még tolerálható. Meg ami előny itt a mi rendelőnkkel kapcsolatban, hogy van praxislabor, ami azt jelenti, hogy itt házon belül a legfelsőbb szint itt az épületben az egy labor. Tehát bármi vn, mi akkor hívjuk a technikust, és a legjobb mondjuk egy szintkorrekciónál, vagy hogyha rossz a harapás akkor meg tudod mutatni szájba, szóval nem az van, hogy el kell mostázni, vagy idejön érte a futár, hanem azonnal meg tudod mutatni. Így emiatt azért jobb

szerintem, tehát hogyha ilyen probléma is van, mert szűkös az idő, mert menni kell, mert a vonatra van jegye meg van aki svájcba repülővel utazik és akkor a Schwechāti reptérre időben ki kell érnie, akkor ez ami nehéz. De azért korrigálható, mivel a fogtechnikai dolgok is szerintem nálunk nagyon hamar megvannak, hogyha bármi nem passzol. Szóval én ezt mondanám. Meg ilyen ha kihúzzuk a fogukat, tizet, tizenötöt és haza mennek és felhívnak, hogy vérzés. De az meg tök jó, mert küldenek képet, vagy van aki videót küld, és megnézzük, hogy az nem vérzés, az csak a nyál keveredik egy kis véraladékkal. Úgyhogy így a külföldieknél az idő az, ami tényleg kicsit szorít, hogy alkalmazkodni kell vonatkoz, repülőhöz, bármihez. Meg az hogy ha távol van, akkor nyilván nem tudsz rajta úgy segíteni és ők megilyednek, meg néha az orvosok is.

Riporter: Szóval a kezelés után akkor nem nagyon tudtok segíteni a beetegeken.

Alany: Hát igen a szövődményekből valyon mi igaz. Nekem is volt már aki visszatelefonált, hogy fáj valamelyik kezelt foga, mondta hogy hol, de hát én ott nem is kezeltem, csak ő nem tudja, hogy hol kezeltem és mi történt. Hiába próbáljuk maximálisan őket tájékoztatni, de vannak ilyen dolgok. És akkor ilyenkor nehéz, tehát arra én is azt mondom, hogy ha fáj valami, akkor az a legjobb ha visszajön és tudom kontrollálni. Csak a távolság miatt ez meg nehéz. De egyébként így emberileg én nem veszek sok különbséget észre, mert én kezelek magyarokat, meg német nyelven beszélő betegeket is, vagy osztrák vagy németországból, meg svájcából. Így meg nem volt olyan érzésem, hogy különösebben speciális igényeik lettek volna. Én ezt így nem veszem észre.

Riporter: Milyen haszon van a klinikának abban, hogy külföldi betegeket kezelnek?

Alany: Hát úgy nyilván ez, hogy általában, akik eljönnek, ők nagyobb munkák miatt jönnek el, nem egy-egy fogfájdalom miatt. Vagy ha amiatt is jönnek el, úgy is teljesen felvesszük a státuszukat, hogy mit kellene még elvégezni, és általában elfogadják, amiket így mondunk. Meg én annyira nem látok be az anyagi részébe, de hát az is, hogy van egy hotel, van egy étterem, ez így hozza az egyik a másikat szerintem. Meg a páciensek átgondolják, ha autóval jönnek, akkor tényleg tele autóval érkeznek és sokan jönnek.

Riporter: Meg tudná nekem mondani, hogy klinikájának betegei hány százaléka utazik külföldről ide az Ön klinikájába kezelésre?

Alany: Amit már az elején mondtam, kb 50-50 százalék a magyar és külföldi betegek aránya. Mert az itteni főorvos már egy idősebb orvos, de még mindig maximálisan dolgozik. Eredetileg amikor megnyitotta a rendelőt, akkor még a Magyar páciensekkel kezdett, és akkor szépen jöttek be a külföldi páciensek, szóval még mindig 50-50 az arány.

Riporter: Látott ez elmúlt öt évben a külföldről származó betegek számának növekedését?

Alany: Én négy éve ismerem már a helyet, én akkor kezdtem el bejárni amikor a végzős éveimet jártam a Semmelweis egyetemen Budapesten. Szerintem nálunk stagnált, tényleg a Magyar és külföldi az fele fele arány és ez körülbelül marad is. Tehát nem megyünk el arra, hogy nagyon csak a turizmusra koncentrálunk, mert tényleg a magyarok előtt is nyitva áll az ajtó. Vannak fogfájós időszakok is. Nem megy el annyira a turizmus fele a dolog.

Riporter: Gondolja, hogy a magyar klinikák lépést tartanak-e a versenytársakkal (más országokkal)? Mit tehetnek a magyar klinikák máskepp, hogy versenyképesek maradjanak?

Alany: Hát szerintem tartja nyilván a lépést, mert itt Győrben a magánklinikák arra törekcsenek, hogy a legmodernebb eszközök legyenek a rendelőben, képalkotó eljárásban is a legjobb CT felszereltségük van, itt nálunk is a legjobb CT van és röntgen, nagyon sok verziója van itt a dolgoknak, meg a gyökérkezelést is gépi gyökérkezeléssel csináljuk, nem pedig a régi kézi módszerrel. Tehát így felszereltségben mindenféleképpen tartja a lépést. Szerintem az, hogy Magyarországon az orvosképzés az jó, tehát azt így el is ismerik. Például egy 10 éves rehabilitáció készült egy svájci nőnek itt a mi rendelőkben. És mindig az a kérdés, hogy egy éves kontrollon jelenjenek meg. Ő egy idősebb hölgy volt, akkor megcsináltatta, és nem ide járt vissza, hanem a saját országában lévő kezelőorvosához. És az az orvos írt egy elismerő emailt, hogy ő ilyen precíz munkát nem látott, pedig ügye nem jellemző, hogy a külföldi orvosok ennyire elismernék a magyar orvosok munkáját,

mert úgy úgy élnek meg, hogy nyilván nekik kevesebb jut, mivel a magyar orvosok azért sokmindent ellátnak. De tényleg, szerintem szakmailag meg felszereltségben biztos tud lépést tartani. És főleg az osztrák páciensek szabájan látom, hogy sokszor mivel jönnek, és itt Győrben nem tudom elképzelni, a mi rendelőkben biztos nem készülhetne rossz minőségű pótlás. Úgyhogy én úgy gondolom, hogy tényleg jó.

Riporter: Ez nagyszerű, nem is gondoltam volna, hogy ezt csinálják a külföldi orvosok.

Alany: Igen ez mindenképpen pozitív szerintem. Meg volt már egy pár ilyen, hogy ilyen pozitívan csapódott le, hogy implantálni kellett volna, de gyulladt volt az arcürege, és nyilván ilyenkor meg kell kérni a külföldi fülldorgészt, hogy ebben segítsen, hogy az arcüregét vizsgálja meg és tisztítsa ki, és csak utána lehet kezelni a beteget. És ott is abszolút úgy álltak hozzá a dolgokhoz, hogy a segítségünkre legyenek. Úgyhogy van pozitív része is.

Riporter: Gondolja, hogy a Magyar klinikák továbbra is a fogorvosi turizmus legjobbjai között lesznek a következő 5-10 évben? Miért, miért nem?

Alany: Igen szerintem, meg azért precíz a magyar fogászat, vagy hát aki nyilván ilyen turizmussal foglalkozik, ott meg anyagilag is megteheti, hogy olyan legyen az infrastruktúrája, hogy tényleg hozni tudja a szintet, de közben nyilván az árak még mindig sokkal jobban megfizethetőek, mint egy kinti fogászaton. Úgyhogy szerintem igen.

Riporter: Hogyan látja a fogorvosi turizmus jövőjét Magyarországon?

Alany: Hát szerintem egyébként, így itt Győr, Mosoly, és Sopron megyében, nyilván itt a környéket látja el, Ausztriának a nagy részét. Meg itt nagyon sok egyébként a szlovákiából érkező akár magyar nyelven beszélő szlovákiai magyar, de ők hozzák már a szlovák állampolgárokat is. Nyilván Győr közel van úgy Komárnóhoz, így onnan aztán sokan jönnek. De ez a... Budapesten meg nyilván az angliai fogászati turizmus megy. Szerintem az meg még inkább fog menni a jövőben, úgy gondolom, hogy z talán fellendül. De itt nyugaton ez már fellendült és szerintem ez megy így tovább. Az egyik fogorvos barátnőm pedig Sopronban van, ott pedig 90% az osztrák páciens, de ott tényleg a határ melletti falvakból kisbusszal jönnek és mennek haza. Tehát ott meg az egynapos fogorvosi turizmus jellemző.

Riporter: Ez nagyon érdekes. Köszönöm szépen, hogy interjút adott nekem.

Alany: Semmi gond, nagyon szépen köszönöm.

Transcript in English

Interviewer. Thank you very much for taking the time to do his interview. Is it okay if I record this?

Interviewee: Yeah for sure don't worry!

Interviewer: Do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?

Interviewee: Actually, these days in newspapers we don't really advertise, a long time ago, the chief doctor advertised the clinic in magazines. This is a 26-year-old clinic by the way, and there are about half of the patients foreign and other half Hungarian. And back in the days we needed that we advertise the clinic it in newspapers, nowadays in magazines absolute not, only on Facebook and the Internet. I do not know how it works, but if you type in the name of the dental office, then it's sure, that the dental clinic is going to be among the first search results... so it's based more on Google searches and reviews, but not in newspapers or magazines.

Interviewer: Do you offer any package deals for foreign patients?

Interviewee: That's right. Well I believe, the chief doctor did a good job here, because there is a hotel in front of the surgery, and the property belongs basically to the chief doctor. There's also a restaurant, so foreign patients who come for bigger and more serious treatments, obviously don't want to travel every day, they stay here and there is also a dental menu. So whoever the chief dentist operates or pulls teeth, or whatever then they can eat here, the employees pay attention to what they should eat and not eat. So really this is the package; they are coming here and everything is at one place. Thus, discounts can also be granted explicitly from any part or sections.

Interviewer: So then from accommodation and everything else.

Interviewee: Yeah exactly. The only thing is, that they organize the trip themselves. Most people come from Austria, but they also come from Switzerland. Actually this Railjet train is a good thing, because they come by train, they get off at the train station in Győr, which is 5 minutes away from the clinic. So they don't really need help with that. Yeah it goes like this, and then the accommodation, which is a very good thing, is located opposite of the clinic.

Interviewer: What treatments your clinic offers are most popular among foreign patients?

Interviewee: Well, who's already coming a long way, they come for full mouth rehabilitation and then it's a matter of the accommodation, because it's not a one-time filling, but then it's really, even though if the teeth are in a condition, where we can keep that teeth, there is still a possibility that we have to do some bigger job on the teeth, like a circular bridge. If you cannot keep the teeth, then in our clinic the chief doctor is going to do the surgery, probably he is going to solve the problem with an implant. These are the main things that make the patients come from farther away. By the way, we observed, that patients from the villages near the border, come as well if only one teeth is hurting. So really, this one, one and half hour travelling is really worth it to come to Hungary to check and do their teeth. But Salzburg is always the border. So we always observe, that the maximum kilometer that a patient is driving is around 400 km, which is around 4 four, four and a half hour. This is the distance, which a patient is willing to travel only for one occasion, or checkup. And those who come farther away, it's sure, that they sleep here and spend a week, or two weeks here.

Interviewer: Aah okay I understand. So even from Salzburg foreigners are taking this journey only for one occasion.

Interviewee: Yeah, exactly. We realized, that the limit is that one could travel that 4-4.5 hour only for one appointment. And it really spreads here, so it's good here, that the name of the clinic spreads, like to relatives and friends. And then the patients always try to organize, and we as well, because we have 5 doctors working in the clinic at the same time, but in our case, they work in two shifts, so it can be solved by having a full car of patients, so 5 patients coming and we will can solve that every patient is handled at the same time, so they can finish approximately at the same time as well.

It is not a matter of waiting for one another, but of bringing one to each doctor and then coming and going at the same time.

Interviewer: Then this is very well organized like this.

Interviewee: Yes for sure! So either they come with full cars, or the older patients take the train together, like a group of friend, and then they also leave together at the same time.

Interviewer: What are the most common challenges/problems you encounter when treating foreign patients?

Interviewee: Well, there is the time limit, that of course we can't also take their time for so long, that then they stay for three week in the hotel , they have also families, who are waiting for them at home. But they relatively understand well, that for example at an implant if at the first time the teeth is not the right fit, and for the second "try on" they have to stay an extra day, then they are torelating it. And which is a huge advantage in our clinic is that there is a practice lab, which means that we have it inside the house at the highest level there is a lab. So if there is any problem or something doesn't fit, we can call the technician to come down. For example at a color correction or if the bite in the mouth is not right, then you can show it to them. So it's not like we have to send it per post or that we have to wait until the courier comes and brings it to a lab, but we can show to the technician right away. So I think it's better like this, if there is a problem like this, because the time is scarce, because the patients have to leave, because for example they have ticket to the train. And who is traveling to Switzerland with plain, then they have to go to the airport at Schwechat and they have to get there in time, which is a little bit difficult. But I think we can correct that, because we have the dental stuff at our building, and at our place the things are getting done pretty fast, if something doesn't fit or work properly. So I would say that. And if we have to pull a teeth out, like 10 or 15, and they are going home and they call us, that it's bleeding. But that's okay, because then the patients send us some pictures, or somebody also sent us a video, and then we can take a look, and most of the cases it's not bleeding, it's just saliva mixed with a little blood. So with the foreigners it's the time, which is a little problematic, because we have to adapt to trains, airplanes, whatever. So you can't do that for a foreigner, which is a really tight,

acceptable weather request, for a plane, for anything. And that they are away, you obviously can't help them if there is a problem, they get scared and then the doctor as well.

Interviewer: So after the treatment you can't really help the patient.

Interviewee: Well yes, and what is true about the complications. I also had once a call back from a patient, that one of their treated teeth hurts, he told me where, but I didn't even treat that teeth, but he doesn't know that, because he doesn't know where I was treating and what happened. And even though, we try to inform them to the maximum, but it happens such things. And then it's difficult, so I also say that if something hurts, it's best to come back and take a look at it. But because of the distance, it's difficult. But otherwise, humanly, I don't notice much difference because I treat Hungarians and German-speaking patients, either from Austria or Germany or Switzerland. So I didn't have the feeling by now that they had any special needs or request. I don't notice it in that way.

Interviewer: How does the fact that your clinic also treats foreign patients benefit you and your clinic?

Interviewee: Well, it's obviously the fact that in general, those who come, will come for more work, not only for a toothache. Or even if they come because of it, we take their status completely to what else we have to do on them and they generally accept what we say and recommend. And I don't really see in to the financial part, but also that there is a hotel, there is a restaurant, so one brings the other I think. And the patients think through, when they come by car, they really come with a full one and then many people come.

Interviewer: Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

Interviewee: As I said at the beginning, the proportion of Hungarian and foreign patients is about 50-50 percent. Because the chief doctor here is already a senior doctor, but he is still working to his maximum and he is operating. Originally, when he

opened the clinic, he started with Hungarian patients only, and then foreign patients came in slowly, so the rate is still 50-50.

Interviewer: Have you seen an increase in the numbers of patients from abroad over the last five years?

Interviewee: I know the clinic for four years now, and I started working here when I was a graduate at Semmelweis University in Budapest. I think the rate stagnated at our clinic, really the number of Hungarian and foreign patients are still half – half and I think this is going to stay like that. So we are not going on the road, that we only focus on dental tourism, because our door is open to Hungarian patients as well. There are also periods of toothache. We are not really going to the direction of tourism.

Interviewer: Do you think Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?

Interviewee: Well, yes I think it's keeping up with the competing clinics in other countries, because here in Győr, private clinics are working on to have the most up-to-date equipment in the clinic, they have the best CT equipment, we also have the best CT and X-rays, there are a lot of versions, and rooting is done by machine rooting, and not with the old manual method. So considering the equipment, I believe we (Hungarians) are keeping up with the competition. I think that the medical education in Hungary is good, also that it is recognized. For example, a 10-year rehabilitation was done for a Swiss woman here in our clinic. And we always request it that they have to appear on a one-year control. She was an older lady, she did it, and she didn't come back here to do the yearly control, but she went to her doctor in her home country. And the foreign doctor wrote an acknowledgment email for us that he did not see such a precise job before, because it's not the case, that the foreign doctors acknowledge the work of Hungarian doctors, because obviously he thinks, that he gets less, because Hungarian doctors do many things for foreign patients. But really, I think professionally and equipment wise we are will be able to keep up. And I mostly I see it on the mouth of Austrian patients, that often in what kind of condition they are coming, and here in Győr I can't imagine, especially in our clinic, that a bad quality of prosthesis could be made. So I think it's really good.

Interviewer: It is so great, I wouldn't think that a foreign doctor would write an email for the Hungarian dentists, that he did a great job.

Interviewee: Yes for sure, I think this is very positive. There have been a couple of these things, that I was positively disappointed, that the patient should have been implanted, but the sinuses were inflamed, and in this case you need to ask a foreign Otorhinolaryngologist to help you examine and clean the sinuses, and then we can treat the patient. And in this case as well, they absolutely were helpful, they were willing to help us. So there is a positive part too.

Interviewer: Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not? So I think this is a yes.

Interviewee: Yes I think so, and I think the Hungarian dentistry is precise, and who obviously deals with this kind of tourism, with the help of the financing, they can really bring the level with the high quality equipment, but obviously the prices are still much more affordable here than in a dentistry in another country. So I think so.

Interviewer: How do you see the future of dental tourism in Hungary?

Interviewee: Well, I think that here in Győr, Mosonmagyaróvár, and in Sopron, they obviously covers the area, I mean they are treating mostly patients from Austria. There are many Slovak Hungarians coming from Slovakia who speak Hungarian as well, but they also bring in Slovak citizens to our clinic. Obviously Győr is close to Komárom, so many people come from there as well. But this... Budapest is obviously the place for dental tourism for England. I think that will boom even more in the future, I think that that may increase. But here in the West it has already boomed and I think it will increase even more. One of my dentist friends is working in Sopron, and 90% of e patients are Austrian patients, but they really come from the villages near the border by minibus. So in Sopron there is mainly one-day dental tourism.

Interviewer: Yeah that is very interesting. Thank you very much for your help, I wish you a nice evening!

Interviewee: No problem at all, thank you very much, for you too.

Doctor 3:

Transcript in Hungarian

Riporter: Köszönöm, hogy időt szánt rám.

Alany: Persze semmi gond, örömmel.

Riporter: Reklámozzák-e a klinikát kifejezetten külföldi betegeknek, online, újságokban / folyóiratokban vagy máshol?

Alany: Igen természetesen igen, elsősorban az interneten, gyakorlatilag szinte kizárólag internetes kampányaink vannak, illetve vannak olyan erre szakosodott oldalak, külföldi oldalak, mint például több klinikát összehasonlítva működnek, és akkor ott ilyen keresőmotoros rendszerrel tud az érdeklődő rákeresni. Úgyhogy a mi fő marketing, illetve reklám tevékenységünk az gyakorlatilag online felületeken van. Folyóiratokon, kézzel megfogható felületeken nem nagyon.

Riporter: Van ilyen specifikus weboldal?

Alany: Több is van, sok ilyen van, sokat feltudnék sorolni ezek közül, de egyébként ügye a Google kampányok a legcélravezetőbbek. Ügye nyilván az a cél, hogy a Google keresőben minél előrébb sorolódjunk, és ügye ebben vannak fizetett hirdetések formájában lehetőség arra, kulcsszóoptimalizálástól kezdve mindenféle dolog. Úgyhogy ezeket használjuk elsősorban.

Riporter: Kínálnak csomagokat külföldi betegeknek?

Alany: Igen igenis meg nem is. Tudom, hogy sok más klinika szállással egybefoglalva meg ilyesmi, mi nem pont így működünk. Amit mi kínálunk az egy ingyenes konzultációs csomag, ebben benne van ügye az ingyenes konzultáció, egy ingyenes panorámaröntgen felvétellel, ingyenes a transzferszolgálat a klinika és a reptér között, oda és vissza is. Minden alkalommal a konzultációhoz jár egy éjszaka a szállodában, illetve a repülőjegy visszatérítése és ez az egyetlen dolog ami feltételhez kötött, tehát akkor ha a páciens féléven belül megkezdni a kezelését nálunk és a kezelésének a teljes összege eléri vagy meghaladja a 180 Eurót, akkor 180 Euróig visszakapja a repülőjegyének az árát.

Riporter: Melyek azok a kezelések, amik a legnépszerűbbek a külföldi betegek körében?

Alany: Ööö nyilván külföldre az emberek nem egy tömésért fognak eljönni, tehát leggyakrabban nagyobb fogászati kezeléseket választanak, elsősorban implantátumokat, tehát a hiányzó fogak pótlása, vagy egyáltalán rossz kondícióban lévő száznak a rendbetétele. Jellemzően nagy munkákat végzünk, azon belül is az implantálás jelenleg gyakrabban előforduló kezelés. ÖÖ de azt is el kell mondani, hogy egyetlen implantátum mellett sem érdemes külföldre utazni, ha az utazást is hozzá számolom. Ezért van az, hogy általában nagyobb, több implantátum, akár teljes száj kezelés, ezek a preferáltabbak.

Riporter: Melyek a leggyakoribb kihívások / problémák, amelyekkel külföldi betegek kezelése során szembesül?

Alany: Hát ügye a legnagyobb kihívás az ügye az élethelyzet maga. ÖÖ eleve a fogászati kezelés önmagában egy érzékeny dolog, picit egy ilyen intim terület. Ööö otthon sem szeret az ember fogorvoshoz menni. Ha ezt még hozzáveszem, hogy ehhez még el is kel utazni hozzá egy olyan országba, aminek nem beszélem a nyelvét, nem ismerem a kultúráját, nem ismerek semmit, ez összességében egy halmozottan hátrányút helyzet. Tehát a legnagyobb kihívás itt az a páciensek bizalmának a megnyerése és megtartása. Mert értelemszerűen főleg az elején van egy bizalmatlanság, alapvetően van egy szkepticizmus, bizalmatlanság. Már idehozni sem egyszerű őket, megnyerni őket, hogy jöjjenek el, aztán amikor itt vannak az egy folyamatosan fennálló probléma. Tehát elsősorban ilyen bizalmi kérdéseket kell megoldanunk, és hát ott van a távolság. Tehát ha elmegy egy páciens egy kezelés során, ami jellemzően több etapból áll. Tehát egy páciens kezelési csomagja az több mint egy másfél évig eltart, és legalább négyszer, ötször el fog jönni hozzánk. Nagy munkáról van szó. Első körben általában, csúnya szóval élve, ilyen a fanálás (??). Tehát a nem megtartandó fogakat eltávolítjuk, a megtarthatókat kezelgetjük. És egy ügye tömbösítve történik. Egy magyar páciens annyiszor jön, ahányszor kell. A külföldi itt van mondjuk 3, 4, 5 napot, és azalatt az idő alatt annyi kezelése van, mint egy helyinek félév alatt. Szóval tömbösítve kihúzzuk 8, 10, 12 fogát, gyökérkezeljük, satöbbi. Ezeknek értelemszerűen van rizikója, tehát ha haza utazik akkor mindent megteszünk, hogy a legjobb ellátást kapja, kontroll nélkül senkit nem engedünk el. Tehát mindig van egy

utolsó kontroll. De ennek ellenére is előfordulhat fájdalom, gyulladás, eltörik, nem tudom. Tehát a távolság egy elég nagy kihívás, és ezeknek a konfliktus helyzeteknek a kezelése az nem egy egyszerű dolog, hiszen előfordulhat, hogy soron kívül vissza kell jönnie. Erről elég nehéz meggyőzni valakit, hogy ez miért szükséges, akkor persze problémázik, panaszkodik, ezek a legnagyobb kihívások ügye távolság okozta kérdések.

Riporter: Milyen haszon van a klinikának abban, hogy külföldi betegeket kezelnek?

Alany: Nyilván, természetesen ez üzlet. Értelemszerűen anyagi előnnyel jár. Természetesen magyar páciens kezelése is, csak ebből a szempontból ilyenből kevesebb van, mint például az egész világon élő páciensúra. Illetve a diverzitás, a sokféleség, mivel azért ez egy egészen más kultúra. Nem beszélve arról, hogy mondjuk egy helyi páciensekkel foglalkozó intézmény, akár egy klinika vagy egy egyszerű rendelő, ott akár az orvosoknak az előrejutása, előrelépése, szakmai fejlődése az nem ugyan úgy biztosított, mint egy ilyen helyen. Ha semmi másra nem gondolunk, vegyük csak az implantálást, ügye ez a fő tevékenység, vagy legyen szó bármi másról, öö egy kezdő orvos, mondjuk itt körülbelül egy hónap alatt annyi tapasztalatot szerez, mint egy magyar klinikán akár egy év alatt. Tehát olyan mennyiségű páciens fog kezelni, annyi féle esettel fog találkozni, amivel sehol máshol. Legjobb példa erre tényleg a kezdő orvosok, akik hozzánk kerülnek, első körben általában először csak megfigyelnek, és amikor elkezdenek kezelni kis töméseket, kis ezt azt amatt csinálnak., annyira gyorsan betanulnak, mert olyan mennyiségű páciens fognak kezelni igen rövid idő alatt, úgy hogy mindig van egy mentora, mindig van egy tapasztalt specialista mellette, hogy nagyon rövid idő alatt, nagyon komoly tapasztalatot lehet szerezni. Ez a legnagyobb előnye ilyen szempontból. Egyébként a cégnek pedig egyértelműen anyagi szempontból származik.

Riporter: Meg tudná nekem mondani, hogy klinikájának betegei hány százaléka utazik külföldről ide az Ön klinikájába kezelésre?

Alany: Igen ezt nagyjából meg tudom mondani, lehet, hogy meglepő lesz az arány, de körülbelül olyan 98 százaléka külföldi. És csak kettő magyar, de azt szeretném hozzá tenni, hogy a 2020-as évek egyik projektje, mert elég sok projektet futtatunk egyszerre, az a magyar páciensek felé nyitás, vagy az újra nyitás. Mert amikor

elkezdtek ezt az egészet akkor az orvosainknak értelemszerűen elég nagy magyar klienttúrája volt, akik sajnálatos módon egy picikét elszoktak tőlünk, mert időben nagyon nehéz volt beütemezni őket, ezért elvitték a helyeket a külföldi páciensek. Most az a következő projekt, hogy dedikált időt fogunk hagyni a magyar pácienseknek, hogy őket is tudjuk továbbra is ellátni, akár újakat is fogadni, tehát nyitunk ebbe az irányba. De döntő többségében külföldieket kezelünk.

Riporter: És honnan jönnek így a külföldiek?

Alany: Hát elmondanám, hogy mindenhol. Ez egy svájci klinika, tehát a legtöbb páciens a francia ajkú területekről: Svájc, Franciaország, Belgium, Kanada, innen érkeznek. De most már többéve, 4-5 évben kezdtünk nyitni angol, német, dán, norvég, svéd, izlandi piacok felé. És gyakorlatilag ausztráliától kezdve az usáig, afrika, tehát mindenhol. Szó szerint mindenhol jönnek. Nyilván döntő többségében franciaajkúak, második legnagyobb piac ügye az angol szász országok, nagybritannia és amerika és egyéb, elég sok a német, illetve a skandináv országokból sokan jönnek, norvégia, dánia, svédország és izland a legújabb gyermekünk, amit 2019-ben indítottunk útjára. Nagyon sikeresen egyébként.

Riporter: Akkor gratulálok!

Alany: Köszönjük szépen!

Riporter: Látott ez elmúlt öt évben a külföldről származó betegek számának növekedését?

Alany: Hát a növekedésről annyit tudnék elmondani, hogy szoktam csinálni, most az év végén is készítettem egy prezentációt a kollegáknak, hogy feldobjam a hangulatot, és én magam is megdöbbszem, tehát volt olyan számadatunk, amit legalább háromszor átszámoltam a prezentációhoz, mert nem akartam elhinni hogy ennyi van. Ugrás szerű, nagyságrendi növekedés figyelhető meg. Ügye mi ezt elkezdtek, meg én magam is 2013 elején, 1012, 2013 valahogy így, egy három székes rendelőben. 2015-ben átköltöztünk ide 8 székes. Most 12 székünk van több az épületben nem fér el, tehát ennél többet nem tudunk elhelyezni, és már elkezdtek, még talán nem szaturálódtunk 100%-ban, a szék kihasználtság. Ügye reggel 8-tól este 8-ig, 12 székes

megy a kezelés. És most még vannak fehér területek naptárban, nem sok van, ugrásszerűen, nagyságrendi növekedés figyelhető meg évről évre.

Riporter: Tudna esetleg nekem százalékot mondani?

Alany: Százalékban? A 2015-öshöz tudom mondani, hogy 2019-ben négyszer annyi páciént láttunk el mint 2015-ben. Tehát megnégyszereződött négy év alatt. Tehát az rengetek, leírhatatlan. És a látszám is. Tehát az volt a másik meglepő, hogy elkezdünk egy ilyen 12 fővel, és most olyan 100 fő dolgozik nagyjából. Az elég jelentős igen.

Riporter: A következő kérdésem az lenne, hogy gondolja, hogy a magyar klinikák lépést tartanak-e a versenytársakkal (más országokkal)? Mit tehetnek a magyar kliinikák máskepp, hogy versenyépesek maradjanak?

Alany: Igen, Magyarország abszolút, egyértelműen világvezető itt a turizmusban. Ami a mi legnagyobb erősségünk, az a szaktudás. Öööö pótolhatatlan, de tényleg. Akár a Semmelwies egyetemről, akár más magyar egyetemekről kikerülő, a magyar orvosi képzésből kikerülő orvosok rendkívül magas szinten képzettek. Emelet olyan eszközparkkal rendelkezünk, amivel elég kevés ország büszkélkedhet. Nyilván sok résztvevős a fogorvosi turizmus nagyon eltörekvően, dinamikusan fejlődik. Törökország például, ami miatt ők annyira előre törtek az a az alacsony ár, nagyon olcsó ajánlják a kezeléseket, amiben viszont nagyon el vannak maradva, az a minőség. Magyarországon az ár is és a minőség is jelen van. Nyilván még mindig sokkal olcsóbbak vagyunk, mint a nyugateurópai, amerikai, és egyéb országok. Ami mellé társul egy olyan magas szintű minőség, ami gyakorlatilag összehasonlíthatatlan azzal, amit otthon kap. Tehát akár eszköz, felszereltségben és szaktudásban. Úgyhogy például a mi klinikánk, erre azért elég büszke vagyok, úgyhogy elmondom. Három egymást követő évben, 2015, 2016, 2017-ben a világ legjobb klinikájává lett megválasztva. Egy elég komoly kritériumrendszer alapján, és a világon.. tehát ez egy akkreditált szervezet, tehát aki egy több mint 400.000 klinikát vizsgál és hasonlít össze, tehát nem három közül lett a legjobb, hanem 400.000, ami nem kevés. Egész világban és három éven keresztül mi voltunk a legjobbak. Most olyan harmadik, negyedik helyen állunk jelenleg, általában az ár miatt előztek meg egyéb feltörekvő

országokban lévő klinikái, nyilván folyamatosan dolgozunk azon, hogy megtartsuk a jó helyezésünket. De azért ez egy elég komoly dolog. Elég magasán van a léc igen.

Riporter: Gondolja, hogy a magyar klinikák továbbra is a fogorvosi turizmus legjobbjai között lesznek a következő 5-10 évben? Miért, miért nem?

Alany: Nehéz megmondani, tehát jóslatokba nem nagyon szeretek bocsátkozni, mert a világ folyamatosan változik, a piacok változnak, a gazdasági helyzet változik, a világ változik, tehát ez egy nagyon nehéz kérdés. Szaktudásban, felszereltségben biztos vagyok, hogy mindig az élen fogunk járni. Amit nem tudunk, az a világban folyó egyéb változások. Tehát nem tudni, hogy másik országok mikor ébrednek rá, hogy ez így nem jó, mert elvándorolnak tőlük a páciensek. A legjobb példa erre Franciaország, ahol ügye 2019-ben egy nagyon komoly reform ment végbe, ügye a kormány az egészségügyi reformot elkezdte, és elkezdtek bevezetni a 100%-os visszatérítéses rendszert. Ügye már akkor arra számítottunk, hogy vissza fog esni a francia páciensek száma. Ezt egyelőre nem érezzük. Pedig például most 2020 január 1-től második etapjába lépett az a visszatérítése rendszer. Csak ami bizonytalanságot keltett, amiatt még nincs visszaesés, s szerintem nem is lesz, az az, hogy ennek nyilván feltételei vannak. Ezt mindenki tudja, hogy ingyen semmit nem adnak az életben. Ez egy picikét ilyen parasztvakításos jellegű történet. Lehet ingyen kapni a dolgokat, hogy ha az a korona nem szép kerámiából van, hanem az a korona fémből van. Aki fémkoronát szeretne a szájába rakatni, az már megint egy más kérdés, nekünk igazából eleve nem célközönségünk az a fajta pacientúra, akik a nagyon olcsó, mindegy miből van, csak jó olcsó legyen. Ők eleve nem jönnek majd hozzánk. Úgyhogy ezt nagyon nehéz megmondani. Én számítok arra, hogy ez a növekedés még megmarad, ha le is lassul, biztos, hogy vezető lesz Magyarország még sokáig, aztán hogy mi olyan alakul később, ezt nem tudom megmondani.

Riporter: Hogyan látja a fogorvosi turizmus jövőjét Magyarországon?

Alany: Én szerintem marad még ez a dinamikus fejlődés. Nyilván nem ebben az ütemben, tehát azt már nem lehet így fokozni, mi nem is tudnánk már, mert nem tudjuk hova rakni a pácienseket. Egy ilyen stagnálásra számítok hosszú távon. Már az nagyon pozitív lenne egyébként, hogyha ez így meg tudna maradni és stagnálni tudna,

minimális növekedéssel, az tökéletes lenne. És szerintem minden piaci résztvevő beérné ezzel, ha ez így lenne. Kiugró, nagy bummm-ra már nem számítok.

Riporter: Aha értem. Nagyon szépen köszönöm!

Alany: Persze semmi gond, én örültem!

Transcript in English

Interviewer: Thank you for taking time to meet me.

Interviewee: Yeah for sure, no problem at all!

Interviewer: So my first question would be, do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?

Interviewee: Of course, yes, primarily on the Internet, we have almost only exclusively online campaigns, furthermore, there are specialized sites like this, foreign sites, such as these websites compare several foreign clinics with each other, and then you can search there for a clinics with the help of a search engine system. So our main marketing and advertising activity is on online platforms. Not very much in magazines, or on hand-grip surfaces not really.

Interviewer: Do you have like a specific website?

Interviewee: There are many, many of them, I could list a lot of them, but otherwise Google campaigns are the most targeted and most popular. Our goal is obviously to get ranked as high as possible on Google search, and there are possibilities to pay for Google advertising, such as with a keyword. So we use these ones primarily.

Interviewer: Do you offer any package deals for foreign patients?

Interviewee: Hmm yeah also yes and no. I know that with many other clinics offer accommodations and stuff like that, we don't do that exactly. What we offer is a free consultation package, which includes free consultation, a free panoramic x-ray, free shuttle service to the airport, they way to the clinic and the way back to the airport.

Each time for a consultation, one night at the hotel is included and a refund of the air ticket. And that is the only thing that is conditional, so if the patient starts his treatment with us within half a year and the total cost of treatment reaches or exceeds 180 Euros, then the patient gets back 180 Euros from their airplane ticket.

Interviewer: Oh wow that is pretty generous of you. And what treatments your clinic offers are most popular among foreign patients?

Interviewee: Well obviously, people will not travel abroad for a fill only, so they will often come for larger dental treatments, primarily implants, so replacing missing teeth or repairing a mouth that is in a really poor condition. Typically, we do major work, including implantation, which is now a more common treatment. Yeah, but I believe, it doesn't make sense to travel abroad only to do one implant, if we add the traveling costs as well. That's why larger implants, even full mouth treatments, are generally preferred.

Interviewer: What are the most common challenges/problems you encounter when treating foreign patients?

Interviewee: Well, the biggest challenge is the life situation for sure. Uh, dental treatment itself is a sensitive thing, it's a little bit an intimate area. No one likes to go to the dentist at home. If I add that I even have to travel to a country, where I do not speak the language, I do not know the culture, I do not know anything, that is altogether a cumulative disadvantage. So the biggest challenge here is to win and maintain patient confidence. Because, obviously, there is distrust from the patients side, mainly at the beginning, basically there is skepticism, distrust. It is not easy to bring them here, to win them to come and then when they are here, it is a continuous problem. So we have to deal with the trust issues first, and after there is the distance. So if a patient goes away during a treatment, which typically consists of several steps. So a patient's treatment package will last for more than a year and a half and he should come back to us at least four times, five times. It's a lot of work. In the first round, generally, in a nasty word, this is sanitation/bailouts. So the teeth that are not to be kept are removed, the teeth that are to be kept are treated. And this happens regularly, in blocks. A Hungarian patient comes as many times as he needs to come. The foreigner is here for about 3, 4, 5 days, and during that time the patient has as

much treatment as a local in a half a year. So we're pulling out 8, 10, 12 teeth at once, we are doing a root canal treatment, and so on. They obviously have a risks, so when you go home, we do our best to get the best care/treatment as possible, we don't let anyone home as long as we had the last control. So there is always one last control. But despite this, the patient might experience pain, inflammation, breaks, I do not know. So, distance is a big challenge, and dealing with these conflict situations is not an easy thing, because there is a slight chance, that the patient has to come back spontaneously, if there is a problem. It is hard enough to convince anyone why this is necessary, then of course they are arguing, why they have to come back, they complain, these are the most challenging issues of distance.

Interviewer: How does the fact that your clinic also treats foreign patients benefit you and your clinic?

Interviewee: Obviously, of course this is a business. Obviously, there is a financial advantage if this. Of course, the treatment of a Hungarian patient as well, but from this point of view there are less Hungarian patients like these, than patients all around the world. And diversity, because diversity is a whole different culture. Not to mention that a local clinic, who treats local patients, there for example the professional development, the advancement of the doctors is not as secure, it's not guaranteed, as at our clinic. If you don't think of anything else, just implant, so that is the main business, or whatever, um, a junior doctor, let's say here they get about as much experience in a month, as in a Hungarian clinic in one year. So you will handle so many patients you, will encounter so many cases, which won't find/experience anywhere else. The best example of this is really the junior doctors who come to us, they observe first, and when they start treating small fillings, they do little treatments, surgeries, they learn so fast because they will treat so many different kind of patients in a very short time. There is always a mentor, there is always an experienced specialist beside them, that in a very short time, very serious experience can be gained. This is the biggest advantage regarding this. Otherwise, the company clearly benefits from foreign patients from a financial point of view.

Interviewer: Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

Interviewee: Yeah, I can tell that approximately, maybe the rate will be surprising for you, but about 98 percent are foreign patients. And only two Hungarians, but I would like to add that one of the main projects of the 2020s, because we run quite a few projects at once, is opening up to Hungarian patients, or re-opening to them. Because when we started this whole thing, our doctors obviously had quite a large Hungarian client, who unfortunately separated from us, because it was very hard for us to give them appointments, so foreign patients took their places. Now the next project is that we will leave dedicated time for Hungarian patients so that we can continue to treat them, even to gain new patients, so we are opening in this direction. But we deal with foreigners in majority.

Interviewer: And from where are the foreigners coming? From which countries?

Interviewee: Well, I'd say from everywhere. This is a Swiss clinic, so most patients come from French-speaking areas so from Switzerland, France, Belgium, Canada. But now for more years, before 4-5 years we have started to open up to the English, German, Danish, Norwegian, Swedish, Icelandic markets. And practically patients are coming from Australia to the US, Africa, so from everywhere. They literally come from everywhere. Apparently, the vast majority are French-speaking, with the second largest market being English Saxon countries, Britain and the Americas and others, quite a few coming from Germany and Scandinavia, Norway, Denmark, Sweden and Iceland being our newest "child" launched in 2019. Very successful by the way.

Interviewer: Well then congratulations!

Interviewee: Thank you very much!

Interviewer: Have you seen an increase in the numbers of patients from abroad over the last five years?

Interviewee: Well, all I could say about growth is that I always do, now at the end of the year, I made a presentation to my colleagues to make their mood better and I was shocked, so we had a figure that I counted at least three times because I didn't want to believe that we have so much. A jump-like increase, a great growth can be observed. So we started this, I started this early 2013, around 2012 and 2013, in a three-chair office. In 2015 we moved here with 8 chairs. Now we have 12 chairs in the

building, more chairs cannot fit in the building, so we can't place more, and we have started, maybe we are not 100% saturated with the chair occupancy. So the treatments are from 8am to 8pm in 12 chairs. And now there are still white areas on the calendar, not many, but a great growth can be observed each year.

Interviewer: And like could you tell me a percentage?

Interviewee: In percentage? I can compare the numbers from the year 2015, that now in 2019 we have four times more foreign patients than in 2015. So it quadrupled in four years. So it is a lot, indescribable. And the manpower as well. So the other surprise was, that we start with 12 people back then and now we have about 100 people working here. That's pretty significant yes.

Interviewer: My next question is if you think that Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?

Interviewee: Yes, Hungary is absolutely, clearly the world leader in tourism here. Our greatest strength is our expertise, education. Um, irreplaceable, really. Both doctors from Semmelweis University and other Hungarian universities are highly qualified in the field of Hungarian medical training. Besides this we have a tool park, that only a few countries can be proud of. Obviously, many participants are developing dentist tourism very dynamically. Turkey, for example, the reason they are so far ahead, is because of the low prices, it is very cheap there, they offer treatments at a very low price, but they are very behind in quality. Price and quality are also present in Hungary. Obviously, we are still much cheaper than the Western European, American, and other countries. Alongside it comes with a high level of quality, which is incomparable with other countries. So even regarding to tools, equipment and education Hungary is very far ahead. So, for example, our clinic... I'm pretty proud of that, so I'll tell you. For three consecutive years, 2015, 2016, 2017 was selected as the best clinic in the world. Based on a pretty serious set of criteria, and in the world .. so this is an accredited organization, so it examines and compares over 400.000 clinics, so it's not the best of three clinics, but 400.000, which is not a few. In the whole world, and we were the best for three years in a row. We are now in third place, fourth place, usually due to the price of clinics in other emerging countries, and obviously we are constantly

working on to keep us in a good place. But that's a pretty serious thing. The expectations are very high, yes.

Interviewer: Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not?

Interviewee: It's hard to say, so I don't really like to make predictions because the world is constantly changing, markets are changing, the economic situation is changing, the world is changing, so it's a very difficult question. Taking the expertise and equipment account, I am sure we will always be at among the firsts. What we do not know is other changes in the world. So we don't know when other countries will realize, that this is that the patients are walking away from them. The best example is France, where in 2019 a very serious reform took place, so the government began the health reform and they have begun to introduce a 100% refund system. By then, we were expecting the number of French patients to decline. Actually, we don't feel this yet. But, for example, from January 1, 2020, that refund system has entered its second phase. The only thing that has created uncertainty, which is why there is no decline yet, and I think it will not have, that there are obviously conditions for this refund system. Everyone knows that nothing in life is given for free. So this is kind of misleading for the public. You can get things for free if that crown is not from a nice ceramic but that crown is made of metal. Whoever wants to put a metal crown in his mouth is another question, the patients, who is very cheap no matter what, they are not really our target audience anyways. They wouldn't come to us anyways. So it's very difficult to say. I expect this growth to continue, even if it slows down, surely Hungary will be a leader for a long time, and whatever happens later, I cannot say.

Interviewer: How do you see the future of dental tourism in Hungary?

Interviewee: I think this dynamic development remains. Obviously not at this rate, so it can't be enhanced anymore, we wouldn't know anymore, because we don't know where to put the patients. I expect such stagnation in the long run. Anyway, if it could stay that way and stagnate with minimal growth, it would be perfect. And I think every market player would be happy if that would be the case. I don't expect a big, big bang anymore.

Interviewer: Uhum I understand. Well thank you very much!

Interviewee: Yes no problem, my pleasure!

Doctor 4:

Transcript in Hungarian

Riporter: Köszönöm, hoogy találkozol velem.

Alany: Interviewee: Persze, nagy örömmel.

Riporter: Az első kérdésem, reklámozzák-e a klinikát kifejezetten külföldi betegeknek, oonline, újságokban / folyóiratokban vagy máshol?

Alany: Na most nálunk az úgy van, az a szerkezeti felépítés, hogy van egy kinti irodánk. Tuljaddonképpen van kint egy pácienskordinátor. Két cég van, az egyik svájcban a másik németországban, és a főnök Indiából igazgatja a szálakat. Nagyon sok helyen hirdetünk, német Tv-ben, RTL, ART, újságokban, ha rámész a honlapra, látod, hogy hány helyen hirdetünk. Van egy központ németországban, de a páciensek nem szoktak ezekbe a központokba bemenni, hanem mind online foglalják le. Van egy állapotfelmérés is meg hogy mit szeretne, akkor azt elküldik nekünk az irodának.

Riporter: Akkor ezt mind oonline csinálják?

Alany: Igen igen mind online. Van Zürichben egy rendelő, de ott csak elővizsgálatokat lehet tartani, szóval ilyen állapotfelmérést. A németeknél a kinti orvos, egy némeet orvos csinálja ezt az állapotfelméréstés akkor arra írunk mi (orvosok) egy tervet. Akkor mi azt kiküldjük, ők azt beküldik a Krankenkasse-nak, és akkor jön a kérdés, hogy miért, szerinte nem indokolt kihúzni pl ezt a fogat. Ha jóváhagyják ezt a tervet, akkor jönnek, ügye a németeknek fizeti a Krankenkasse. A svájciaknál egyszerű, mert ott semmit nem fizet a Krankenkasse. Úgyhogy itt Magyarországon sokat kell a Krankenkassékkal telefonálni, hogy miért meg hogy mit kérnek még. Sokszor kérik ha hozzánk jönnek ilyen elővizsgálatokra, kérnek ilyen gipszintát meg a röntngnet, hogy küldjük el nekik,

és akkor engedélyezik. Szóval ez egy nagyon nagy szervezet. Hozzánk küldi amúgy ez a két iroda a betegeket, mi marketinggel nem foglalkozunk.

Riporter: Kínálnak csomagokat külföldi betegeknek?

Alany: Nem, a kinti iroda kínálja ezt is, oont ezt akartam mesélni. Van egy “fly and try” csomagunk, a Zürchieknél bemennek és a doktorok megnézik a pácienseket és ide jönnek. A fly and try azt jelenti, hogy szervezik nekik az utat, de egyébként is a kinti iroda szervezi a szállást is meg a repülőt is, és van egy “rail and try” is, amikor vonattal jönnek igen, és általában a környéken ez így meg van beszélve, hogy a “yagello” vagy a “csársz hotel” ott van és akkor oda mennek. Általában pl a “fly and try”-al jönnek 16an, délben, és akkor vagy még délután meg lehet csinálni, és akkor még 17en mennek délután valamikor. Szóval egy éjszakára maradnak. De van aki egy napra jön csak, pl vasárnap hogy reggel jön és este megy. És akkor ez alapján megcsináljuk az ajánlatot, hogy itt van személyesen. És akkor van egy olyan másik csomag, hogy “voruntersuchung ohne packet”, hogy fölmérik neki és akkor kész ennyi. És akkor csak a röntgenf fizeti nálunk. És akkor van olyan, hogy “voruntersuchung mit behandlung”, aki körülbelül már tudja, hogy mit szeretne és akkor jön egy hosszabb időre. Úgyhogy ezek vannak. Ügye az az előmenet, hogy már jönnek, az az előkészítés, és akkor bejelenti, hogy szeretne jönni, és akkor ott van nála a papír, hogy a Krankenkasse vagy elfogadta vagy nem. Vagy eljön és majd utólag nyújtja be. És az a menet általában, hogy vasárnap érkezik, akkor vasárnap ha implantos akkor kap egy fogtisztítást, és akkor hétfőn elkezdik, ha implantos, akkor rögtön a szálysebészet. Ha implantos akkor az elsőnél az három nap. Van egy csomag, amiben benne van, hogy 3 nap a kezelés, és akkor benne van, hogy heilungszeit az 3 hónap. És akkor jön a második etapra, amikor már a koronákat kapja, és akkor ott van, hogy mpndjuk 11 napra kell jönnie.

Riporter: Melyek azok a kezelések, amik a legnépszerűbbek a külföldi betegek körében?

Alany: az impant, igen mert az ügye kint sokba kerülés még így is, hogy utazással meg mindennel, még így is olcsóbb. Azon kívül, hogy a németeknek a krankenkasse ezt kifizetik, de a svájciaknál nem, de nekik még így is megéri. Aztán ha valami probléma van, akkor vannak partnerorvosok németországba, mert többnyire van probléma. Mert úgy ezt összehangolni, hogy mi a baja. Mert mondjuk valaki kap egy implantot,

3 nap múlva haza megy aán persze, hogx az ott nyomja, és akkor monjuk, hogy menjen el egy partnerorvosunkhoz, és akkor kap egy Zuschuss-t és akkor általában olyan 100€ zuschusst kap. Ha komoly probléma van, akkor van "garantiepacket", az 400€ ig.

Riporter: És akkor azt a ti rendelotok...

Alany: Igen akkor azt az orvos fizetni, aki csinálta, mert most akkor miért rossz az. De mondjuk a rendelő is vállal belőle, szóval ez így el van osztva. Meg ügye felmerül a kérdés, hogy jár-e garancia, mert általános probléma, hogy kap egy provizórikus (idéglenes) protézist, és az persze provizórikus, és azt nálunk csinálják hátul a laborban, az nem állandó és az mindig eltörik. És annak tulajdonképpen ki kéne tartania 3 hónapig, de sose tart ki. Vagy fogak törnek ki belőle, vagy leejti, és 3 részbe török. De a provizórikus protézisre nincsen garancia. És akkor el kell neki döntenie, hogy mit csinál, mondjuk ha akar nagyobb munkát akkor jöjjön el, vagy ő fizesse ki.

Riporter: Melyek a leggyakoribb kihívások / problémák, amelyekkel külföldi betegek kezelése során szembesül?

Alany: Igen szóval ez egy provizórium. Általában implanttal nem szokott lrobléma lenni, mert azt beteszik és kész. Van olyan, hogy megilyedniek, hogy kiesett az implantja, de nem esett ki. Mert ha nyitott gyógyulas, akkor van ez az implant csavar, és akkor mkndenki azt hiszi, hogy kiesett az implant, pedig csak a gyógyuló csavar esett ki, attól még ott az implant, és akkor frászt kapnak. Akkor kérjük, hogy fényképezze ki, hogy mi esett ki, és akkor lefényképezi, kiderül, higy a csavar, ilyenkor mondjuk, hogy menjen a partnerorvosunkhoz, és ő visszacsavarja. Meg ahogy mondtam s provizórikus protézis, de ügye attól még vannak hibák, orvosi hibák, de az mindenhol. A másik meg, hogy túl magasán van a korona, és ezt csak akkor mondja, amikor már otthon van. Meg az idő az nagyon kevés, mert hétfőn jönnek, és leveszik, majd szerdán próba van, aztán utána visszaküldeni, majd pénteken jön a beragasztásra, aztán szombaton még van egy kontroll és ennyi. És ennyi idő alatt összehozni, hogy meg is szokja, az nehéz. Mert ügye egy koronát nehéz megszokni.

Riporter: és egyébként nektek a rendelőben van egy külön labor? Tehát ez épületben?

Alany: van igen van labor, ügye a mintákat kiönteni, rendes fogakst azt nem csinálnak, csak a provizóriumoknak, meg harapásmintákat elküldeni, hogy utána el lehessen küldeni a rendes fogtechnikára. Ügye több fogtechnikával dolgozunk, de az lenne az ideális, ha lenne egy sajátunk, de minden orvos más fogtechnikusra esküszik.

Riporter: Milyen haszon van a klinikának abban, hogy külföldi betegeket kezelnek?

Alany: Többféle, először is nagyon sokat lehet tanulni belőle, mert ezek a páciensek kb 10 éve nem voltak fogorvosnál, szóval olyan esetek vannak, amikor tényleg úgy egy normál magyar rendelőben nem esik meg. Meg anyagilag is, még úgyis, hogy olcsóbbak vagyunk, de nálunk így is több, mint egy magyar betegnél kérnél. Meg valaki egy teljes fogfelépítésre, amibe mondjuk a Krankenkasse is belefizet, de sokszor 20.000€ van.

Riporter: Meg tudná nekem mondani, hogy klinikájának betegei hány százaléka utazik külföldről ide az Ön klinikájába kezelésre?

Alany: Körülbelül 80% a külföldi és 20% a magyar

Riporter: És akkor inkább svájc meg nemetország?

Alany: Igen, meg van külön dán szekció is. Meg például norvégiából is jönnek sokan, mert ott nehezen lehet időpontot kapni, és dániában szintén, egyszerűen nincs orvos. Meg ugye nálunk olcsóbb is, és ha a páciens holnap akar jönni, akkor holnapra adunk neki időpontot.

Riporter: És akkor van is helyetek? Mármint hány doktor van?

Alany: Hát 50en vagyunk most a rendelőben, de most fogunk átköltözni egy másik helyre. Most itt 8 rendelő van, és ott 12 rendelő lesz és plusz egy egynapos kórház lent. Igazából sokan vagyunk. De a nagy probléma az, hogy mivel mi a német páciensekre koncentrálnak, de kevés a németül beszélő orvos, mert minden fiatal angolul tanul. Volt már olyan, hogy egy orvos alig tudta elmondani németül a dolgokat, ezért behívott egy recepcióst, és a páciens kiakadt, hogy igt az orvosi titoktartás mi. És igaza van, mert úgy hirdetjük meg magunkat, hogy németül beszélő orvosok, és ez sajnos nem minden esetben igaz. (Probléma)

Riporter: Látott ez elmúlt öt évben a külföldről származó betegek számának növekedését?

Alany: Igen igen mindenképpen, azért is költözünk új rendelőbe. Például hétfőn és kedden tilos magyar pácienseket fogadni, mert ugye vasárnap érkeznek a külföldiek, és ilyenkor tele van, és akkor szerdától lehet. De szerintem most mindenki erre a fogorvosi turizmusra rászállt.

Riporter: Magyar klinikák lepest.

Alany: Szerintem mindenképpen versenyt tudunk tartani, mivel akkor nem jönnének ide hozzánk, igaz, volt olyan svájci páciens, aki mondta, hogy mindenkinek reklámozni fogja, mert mindenki mondta, hogy megőrülsz, hogy nyugatra mész fogorvoshoz, de végül minden jól sikerült neki. De bennük van ez a félelem, hogy itt valami nem jól fog történni, aztán el vannak ájulva, hogy még külön van pácienskordinátor is, aki gondoskodik róla, mert ez azért külföldön nincs. De ugye nálunk ez egy iszonyatosan nagy szervezet, szóval szerintem csak egy ilyen nagy szervezet van meg,

Riporter: A következő kérdésem az lenne, hogy gondolja, hogy a magyar klinikák lépést tartanak-e a versenytársakkal (más országokkal)? Mit tehetnek a magyar kliinikák máskepp, hogy versenyépesek maradjanak?

Alany: A többről én ezt nem tudom megállapítani, de mosonmagyaróváron is tombol még ez s turizmus, en nem hiszem, higy ez alábbhagy, mert ügye nyugaton nincsen orvos, nem is képeznek elég orvost, nem is tudom, hogy miért nem, és nem kapnak időpontot. Mondjuk ez most nálunk is megeshik párszor, mert ha megnézed, hogy egy magyar ellátásban ha akarsz valahova menni az is 6 hét. Úgyhogy ez szerintem egyenlőre marad, ha nem képeznek több orvost.

Riporter: Gondolja, hogy a magyar klinikák továbbra is a fogorvosi turizmus legjobbjai között lesznek a következő 5-10 évben? Miért, miért nem?

Alany: Miután a főnökség megvette ezt az épületet és beruházott, biztos hogy nem véletlenül. Az volt a probléma, hogy nincs elég hely, ezért ez az iroda küldött máshova is betegeket, amit nem jó néven vett az itteni vezetőség. Ezért szerintem ennek nem lesz vége, az embereknek mindig kell fogorvos. Most ez egy új irány, ez az "I top fajta"

kezelés, illetve felvilágosítás, úgy ez a paradontológia is nagyon előrejött. És van ilyen 1,5 órás kezelés, ahol megtanítják, hogyan kell rendesen fogat mosni, és hogyan kell ezzel a "zwischenraumbürste"vel bánni, tehát ebben is van fantázia.

Riporter: És ha egy nagyobb épületbe költöztök, akkor több doktort is felvesztek?

Alany: Igen mindenképpen, de még nem vettünk fel. Nincs elég orvos az a baj.

Riporter: Értem. Köszönöm szépen, hogy időt szakítottál rám.

Alany: Persze nagyon szívesen.

Transcript in English

Interviewer: Thank you for meeting me.

Interviewee: Yeah for sure no problem!

Interviewer: So my first questions is, do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?

Interviewee: Now the structure of ours is that we have an outside office. Actually, there's a patient coordinator out there. There are two companies, one in Switzerland and the other in Germany, and the boss manages the strings from India. We advertise in a lot of places, on German TV, RTL, ART, newspapers, if you go to the website you see how many places we advertise. There is a center in Germany, but patients do not go to these centers, but they all book online. There's also a health check and what the patient want, they'll send it to the office.

Interviewer: So you are doing everything online?

Interviewee: Yes yes all online. There is an office in Zurich, but only pre-tests can be held there, so this is a health check. In the case of Germans, the outside doctor, a German doctor, does this health check and then we (the doctors) write a plan. Then we send it out, they send it to the "Krankenkasse", and then the question arises why, in his opinion, it is not reasonable to pull this tooth, for example. If this plan is approved, then they will come, in this case the Germans the Krankenkasse will pay.

It's easy for the Swiss because Krankenkasse doesn't pay anything there. So here in Hungary you have to call the Krankenkasse a lot of times, to find out why and what they are asking for. They (the Krankenkasse) are often asking to come to us for such pre-tests, to ask for such a plaster sample or an x-ray and to send it to the Krankenkasse, and then they will allow it. So it's a very big organization. Anyway, these two offices send patients to us, we are not doing the marketing.

Interviewer: Yeah I can really see that it is. My next question is, do you offer any package deals for foreign patients?

Interviewee: No, the outside office offers this too, but I wanted to tell you this. They have a "fly and try package", the patients go to the clinic in Zurich and the doctors look at the patients and only after the patient comes here. Fly and try means they organize the trip, but anyway the outside office organizes the accommodation and the plane, and there is also a "rail and try" when they come by train, and usually in the neighborhood it is said that the "Yagello" or the "Csársz hotel" is accommodating the patients and then they go there. Usually, for example, the "fly and try" patients come on the 16th at noon, and you can do it then or in the afternoon, and then on the 17th at some point in the afternoon. So they stay for one night only. But there are those who only come one day, like Sunday to come in the morning and go in the evening. And then based on that, we make the offer for them, when they are here in person. And then there's another package called "voruntersuchung ohne packet" that assess him and then that's it. And then he only has to pay for the x-ray for us. And then there's that "voruntersuchung mit behandlung" who knows about what he wants and will come for a longer time. So these are the options. So at the beginning they are coming and we the planning, then they decide to do the surgery and then he brings the paper from the Krankenkasse, who either accepted it or not. Or come the patients is coming and submit later. And the general process is that it arrives on a Sunday, then on Sunday if you have an implant you will get a tooth cleaning and then on Monday if you have an implant you will immediately have saline surgery. If implanted, the implant takes place at the first three days. There is a package that includes 3 days of treatment and then you are included to "heilung" for 3 months. And then it comes to the second stage when they already get the crowns, and then the patient has to come for 11 days.

Interviewer: What treatments your clinic offers are most popular among foreign patients?

Interviewee: The implant, yes, because this is expensive abroad and here is cheaper even though traveling and everything is included. Beside the fact that for the Germans the Krankenkasse is paying for them, but for the Swiss patients not, but for them it's still worth it. Then if there is a problem, there are partner doctors in Germany because most of them have problems. Because it's a matter of coordinating what's wrong. Because let's say somebody gets an implant, after 3 days he goes home, of course it's pushing there, and then you have to go to a partner doctor and then you get a "Zuschuss" and then you usually get 100 € Zuschuss. If you have a serious problem, then there is a "warranty pack" up to € 400.

Interviewer: and then that is paid by your clinic...

Interviewee: Well yes then the doctor who did it has to pay it, because now why is that bad. But let's say the clinic is paying a little too, so that's how it's distributed. The question that arises is whether there is a guarantee, because it is a general problem to get a provisional (temporary) prosthesis, and of course provisional, and it is done in the back of the lab, it is not permanent and it always breaks. And it should actually last for 3 months, but it never lasts. Either the teeth breaks out or fall and breaks into 3 parts. But there is no guarantee for a provisional prosthesis. And then he has to decide what he does, say if he wants a bigger job then come or he has to pay it.

Interviewer: So then what are the most common challenges/problems you encounter when treating foreign patients?

Interviewee: yeah so this, this provizorium. Usually an implant does not usually become a problem because it is inserted and ready. There are times that the patient things that implant has fallen out, but it hasn't fallen out. Because if it is an open healer, then there is this implant screw, and then everyone thinks the implant has fallen out, but only the healing screw has fallen out, the implant is still there, and then they get frightened. Then we ask them to take a picture of what has fallen out and then take a photo, it turns out that it's just the screw, in this case we tell them told to go to our partner doctor and he will screw it back. And as I said the prosthetic, and

there are errors, medical errors, but everywhere. The other is that the crown is too high, and the patient only tells us this when you are home. And the time is very short, because they come in on Monday and take the sample, then on Wednesday it is rehearsed, then to send it back, then on Friday it comes to glue it, then on Saturday there is one more control and that's it. And putting it together all that time, also that the patient should get used to the implant, is hard. Because your case for a crown is hard to get used to.

Interviewer: And do you have a lab in the clinic, I mean in the building?

Interviewee: Yes yes there is a lab, it is their job to pour the samples, they do not do normal teeth, only the provisional ones, and send bite samples so that they can be sent to normal dental technology. We work with more dental technicians, but it would be ideal to have one of our own, but every doctor swears by a different dental technician.

Interviewer: And how does the fact that your clinic also treats foreign patients benefit you and your clinic?

Interviewee: There are many, many things to learn first of all, because these patients have not been to the dentist for about 10 years, so in most of the times surgeries has to be completed, which don't really happen in a normal Hungarian clinic. And financially, even though we're cheaper, you still would ask for more than a Hungarian patient. And somebody does a full denture, which the Krankenkasse also pays for a little, but often it costs 20,000 euros.

Interviewer: Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

Interviewee: Around 80% is foreigner and the rest 20% is Hungarian

Interviewer: So and then mainly from Switzerland and Germany right?

Interviewee: Yes, there is a separate Danish section. Many people come from Norway, for example, because it is difficult to get an appointment there, and in Denmark, there is simply no doctor. And it's cheaper than us, but if the patient wants to come tomorrow, we'll give him a date tomorrow.

Interviewer: And then you have free appointments? I mean how many doctors do you have?

Interviewee: So we're 50 in the office now, but now we're moving to another place. Now there are 8 dispensaries and there will be 12 dispensaries plus an overnight hospital downstairs. Actually, we are many. But the big problem is that mainly we focus on German patients, but we have only a few German-speaking doctors because all young people learn English. There had been times when a doctor could barely speak German, so he called in a receptionist and the patient was upset about it, because what medical confidentiality was all about. And he was right, because we advertise ourselves as German-speaking doctors, and unfortunately that's not always the case.

Interviewer: Yeah for sure. Have you seen an increase in the numbers of patients from abroad over the last five years?

Interviewee: Yes yes for sure, that's why we are moving to a new office. For example, it is forbidden to receive Hungarian patients on Mondays and Tuesdays, because foreigners arrive on Sundays, and then it is full, and then Hungarians can only come on Wednesday. But I think now everyone is into this dental tourism.

Interviewer: Do you think Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?

Interviewee: I think we can definitely compete because they wouldn't come here at this time, yes, there was a Swiss patient who said he would advertise to everyone because his friends said that he is crazy going to the west to the dentist, but in the end he did well. But they have the fear that something is going to happen here, and then they get surprised that there is even a patient coordinator who will take care of them, because there are no patient coordinators abroad. But here we have, it's such a big organization, so I think patient coordinator exist at big organizations.

Interviewer: Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not?

Interviewee: The rest I can not tell, but this tourism is raging in Mosonmagyaróvár too, I do not believe it goes away, because in the west there is no doctor, they do not train enough doctors, I do not know why not, but people can't get an appointment. Let's say this happens to us a couple of times now too, because if you look at a Hungarian healthcare if a patient wants to go somewhere it's also 6 weeks until he gets an appointment. So I think it will stay even if they don't train more doctors.

Interviewer: How do you see the future of dental tourism in Hungary?

Interviewee: After the boss bought this building and invested in it, I am sure it wasn't by chance. The problem was, there was not enough space, so this office sent patients elsewhere, which didn't like the management here. So I guess this won't end, people always need a dentist. Now this is a new direction, this "I top kind" of treatment or education, this paradontology is also very advanced. And there is this 1.5 hour treatment where you are taught how to brush your teeth properly and how to handle this "zwischenraumbürste", so this has also a fantasy.

Interviewer: And if you will move to this bigger building, do you want to hire more doctors as well?

Interviewee: Yes for sure, but we didn't do that yet. There is not enough doctors, that's the problem.

Interviewer: Well thank you very much for your time!

Interviewee: It was my pleasure.

Doctor 5:

Interviewee: Thank you very much for meeting me. Is it okay if I record the conversation?

Interviewee: Yeah, just delete it after please.

Interviewer: Yes of course, no problem at all. My first question is, do you advertise your clinic specifically targeting foreign patients online, in newspapers/magazines or elsewhere?

Interviewee: Everywhere. In the television now not so much anymore as before, but in magazines we advertise ourselves still. And articles are also written about us.

Interviewer: Do you offer any package deals for foreign patients?

Interviewee: A lot of clinics are offering packages, but we only offer transfers. And we give the opportunity for hotel reservations, so we have partnership agreement with a few hotels.

Interviewer: What treatments your clinic offers are most popular among foreign patients?

Interviewee: Implant, tooth crown and esthetic treatment with dental implant

Interviewer: What are the most common challenges/problems you encounter when treating foreign patients?

Interviewee: Two dental treatments, bone replacement and greater oral rehabilitation.

Interviewer: How does the fact that your clinic also treats foreign patients benefit you and your clinic?

Interviewee: On the one hand, the benefit of treating Hungarian patients is that because treating foreign patients, we can buy equipment that cannot be obtained by treating Hungarian patients alone. On the other hand, foreigners come for complex large treatment, so the cost per patient is much higher than at an average Hungarian population.

Interviewer: Could you tell me approximately what percentage of your clinic's patients are travelling from abroad for treatment (out of the total number of patients including local and foreign patients)?

Interviewee: At our clinic? 40.

Interviewer: Have you seen an increase in the numbers of patients from abroad over the last five years?

Interviewee: We usually have a 5-10% increase every year. Except for 2008, except for the crisis year, where there was a 20% drop, but except for a 5-10% increase every year.

Interviewer: Do you think Hungarian clinics are keeping up with competing clinics in other countries? What could Hungarian clinics do differently to remain competitive?

Interviewee: I think we're still ahead of them, for sure. And actually we are ahead of them because we have a 30-year advantage. However, in Turkey, they give the state of dental tourism a pretty serious situation and, as they did with hair transplantation, and eye transplantation, they became world leaders and if they continue, we will lose our advantage. At the moment, we still have the technological superiority, knowledge, through universities, through practice. We have been doing this for 30 years started at the Austrian border, so we have such an advantage. And so it's been 15 years in Budapest, but 30-35 years in Hungary. And competitors are trying to argue with us. So Bulgarian is saying to England that we are as good as Hungarians, but 40% cheaper. So try to put the knowledge we embodied in themselves.

Interviewer: And where are the patients coming from?

Interviewee: England, France, Switzerland, a little amount Scandinavian.

Interviewer: Do you think Hungarian clinics will still be among the best for dental tourism in the next 5-10 years? Why/why not?

Interviewee: I think there are there for the last 5-10 years so we will can still hold this first place in the next 5-10 years. So it's an industry, an industry that employs 8-10 thousand people. so not just the dentist, the dental technician, the assistant, the patient coordinator, the chef, the hotel, the bar waiter, the restaurant. So to everyone who is affected.

Interviewer: How do you see the future of dental tourism in Hungary?

Interviewee: This is a very price sensitive story. So, as long as we can keep the prices that we have now, or with a slight increase, until we don't reach the 50% of the Western European price level for dental treatment, including hotel costs and the cost of air travel or travel. As long as it stays below 50% they come here. The moment you approach, reach or exceed 50%, it will end. But I'm sure this will not happen for 10 years.

Interviewer: Okay than you very much.

Interviewee: Oh that was all?

Interviewer: Yes it was. So thank you very much.