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PAYING TILL IT HURTS A Trip Abroad

Part 3: Joint Replacement

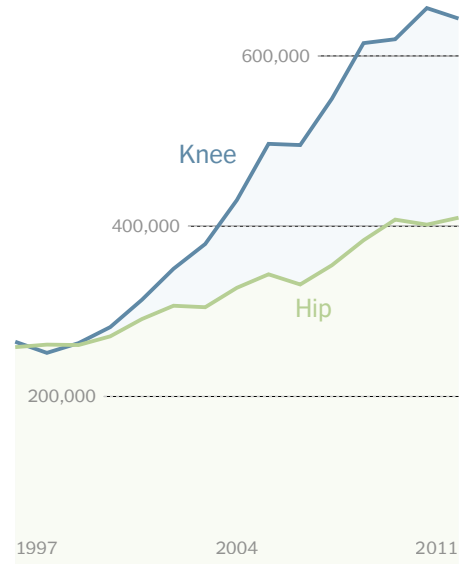
# In Need of a New Hip, but Priced Out of the U.S.

By ELISABETH ROSENTHAL | Published: August 3, 2013



Josh Haner/The New York Times

Michael Shopenn, who has an artificial hip, on Copper Mountain in Colorado. Joint replacements have grown sharply.



Source: Agency for Healthcare Research and Quality

If you have considered a joint replacement, which factors have influenced your decision about whether to have one?

- Cost
- Risks
- Pain
- Lifestyle

- FACEBOOK
- TWITTER
- GOOGLE
- E-MAIL
- PRINT

WARSAW, Ind. — Michael Shopenn's artificial hip was made by a company based in this remote town, a global center of joint manufacturing. But he had to fly to Europe to have it installed.

Mr. Shopenn, 67, an architectural photographer and avid snowboarder, had been in such pain from [arthritis](#) that he could not stand long enough to make coffee, let alone work. He

had [health insurance](#), but it would not cover a joint replacement because his degenerative disease was related to an old sports injury, thus considered a pre-existing condition.

Desperate to find an affordable solution, he reached out to a sailing buddy with friends at a medical device manufacturer, which arranged to provide his local hospital with an implant at what was described as the “list price” of \$13,000, with no markup. But when the hospital’s finance office estimated that the hospital charges would run another \$65,000, not including the surgeon’s fee, he knew he had to think outside the box, and outside the country.

“That was a third of my savings at the time,” Mr. Shopenn said recently from the living room of his condo in Boulder, Colo. “It wasn’t happening.”

“Very leery” of going to a developing country like India or Thailand, which both draw so-called medical tourists, he ultimately chose to have his hip replaced in 2007 at a private hospital outside Brussels for \$13,660. That price included not only a hip joint, made by Warsaw-based [Zimmer Holdings](#), but also all doctors’ fees, operating room charges, crutches, medicine, a hospital room for five days, a week in rehab and a round-trip ticket from America.

“We have the most expensive health care in the world, but it doesn’t necessarily mean it’s the best,” Mr. Shopenn said. “I’m kind of the poster child for that.”

As the United States struggles to rein in its growing \$2.7 trillion health care bill, the cost of medical devices like joint implants, pacemakers and artificial urinary valves offers a cautionary tale. Like many medical products or [procedures](#), they cost far more in the United States than in many other developed countries.

Makers of artificial implants — the biggest single cost of most joint replacement surgeries — have proved particularly adept at commanding inflated prices, according to health economists. Multiple intermediaries then mark up the charges. While Mr. Shopenn was offered an implant in the United States for \$13,000, many privately insured patients are billed two to nearly three times that amount.

An artificial hip, however, costs only about \$350 to manufacture in the United States, according to Dr. Blair Rhode, an orthopedist and entrepreneur whose [company](#) is developing generic implants. In Asia, it costs about \$150, though some quality control issues could arise there, he said.

So why are implant list prices so high, and rising by more than 5 percent a year? In the United States, nearly all hip and knee implants — sterilized pieces of tooled metal, plastic or ceramics — are made by five companies, which some economists describe as a cartel. Manufacturers tweak old models and patent the changes as new products, with ever-bigger price tags.

Generic or foreign-made joint implants have been kept out of the United States by trade policy, patents and an expensive Food and Drug Administration approval process that deters start-ups from entering the market. The “companies defend this turf ferociously,” said Dr. Peter M. Cram, a physician at the University of Iowa medical school who studies the costs of health care.

Though the five companies make similar models, each cultivates intense brand loyalty through financial ties to surgeons and the use of a different tool kit and operating system for the installation of its products; orthopedists typically stay with the system they learned on. The thousands of hospitals and clinics that purchase implants try to bargain for deep discounts from manufacturers, but they have limited leverage since each buys a relatively small quantity from any one company.

In addition, device makers typically require doctors’ groups and hospitals to sign nondisclosure agreements about prices, which means institutions do not know what their

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Throughout this article, readers have shared their experiences by responding to questions on joint replacements and health care. Comments are now



closed, but you may explore the responses received. I will write a follow-up article about your comments on Monday, Aug. 5.

— ELISABETH ROSENTHAL, REPORTER

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competitors are paying. This secrecy erodes bargaining power and has allowed a small industry of profit-taking middlemen to flourish: joint implant purchasing consultants, implant billing companies, joint brokers. There are as many as 13 layers of vendors between the physician and the patient for a hip replacement, according to Kate Willhite, a former executive director of the Manitowoc Surgery Center in Wisconsin.

Hospitals and orthopedic clinics typically pay \$4,500 to \$7,500 for an artificial hip, according to [MD Buyline](#) and [Orthopedic Network News](#), which track device pricing. But those numbers balloon with the cost of installation equipment and all the intermediaries' fees, including an often hefty hospital markup.

That is why the hip implant for Joe Catugno, a patient at the Hospital for Joint Diseases in New York, accounted for nearly \$37,000 of his approximately \$100,000 hospital bill; Cigna, his insurer, paid close to \$70,000 of the charges. At Mills-Peninsula Health Services in San Mateo, Calif., Susan Foley's artificial knee, which costs about the same as a hip joint, was billed at \$26,000 in a total hospital tally of \$112,317. The components of Sonja Nelson's hip at Sacred Heart Hospital in Pensacola, Fla., accounted for \$30,581 of her \$50,935 hospital bill. Insurers negotiate discounts on those charges, and patients have limited responsibility for the differences.

The basic design of artificial joints has not changed for decades. But increased volume — about one million knee and hip replacements are performed in the United States annually — and competition have not lowered prices, as would typically happen with products like clothes or cars. “There are a bunch of implants that are reasonably similar,” said James C. Robinson, a health economist at the University of California, Berkeley. “That should be great for the consumer, but it isn't.”

#### COMPARING TWO OPERATIONS

## ‘Sticky Pricing’

The American health care market is plagued by such “sticky pricing,” in which prices of products remain high or even increase over time instead of dropping. The list price of a total hip implant increased nearly 300 percent from 1998 to 2011, according to Orthopedic Network News, a newsletter about the industry. That is a result, economists say, of how American medicine generally sets charges: without government regulation or genuine marketplace competition.



“Manufacturers will tell you it’s R&D and liability that makes implants so expensive and that they have the only one like it,” said Dr. Rory Wright, an orthopedist at the Orthopedic Hospital of Wisconsin, a top specialty clinic. “They price this way because they can.”

Zimmer Holdings declined to comment on pricing. But Sheryl Conley, a longtime Zimmer manager who is now the chief executive of [OrthoWorx](#), a local trade group in Warsaw, said that high prices reflected the increasing complexity of the joint implant business, including more advanced materials, new regulatory requirements and the logistics of providing a now huge array of devices. “When I started, there weren’t even left and right knee components,” she said. “It was one size fits all.”

Mr. Shopenn’s Zimmer hip has transformed his life, as did the replacement joint for Mr. Catugno, a TV director; Ms. Foley, a lawyer; and Ms. Nelson, a software development executive. Mr. Shopenn, an exuberant man who maintains a busy work schedule, recently hosted his son’s wedding and spent 26 days last winter teaching snowboarding to disabled people.

His joint implant and surgery in Belgium were priced according to a different logic. Like many other countries, Belgium oversees major medical purchases, approving dozens of different types of implants from a selection of manufacturers, and determining the allowed wholesale price for each of them, for example. That price, which is published, currently averages about \$3,000, depending on the model, and can be marked up by about \$180 per implant. (The Belgian hospital paid about \$4,000 for Mr. Shopenn’s high-end Zimmer implant at a time when American hospitals were paying an average of over \$8,000 for the same model.)

“The manufacturers do not have the right to sell an implant at a higher rate,” said Philip Boussauw, director of human resources and administration at [St. Rembert’s](#), the hospital where Mr. Shopenn had his surgery. Nonetheless, he said, there was “a lot of competition” among American joint manufacturers to work with Belgian hospitals. “I’m sure they are making money,” he added.

Dr. Cram, the Iowa health cost expert, points out that joint manufacturers are businesses, operating within the constraints of varying laws and markets.

“Imagine you’re the C.E.O. of Zimmer,” he said. “Why charge \$1,000 for the implant in the U.S. when you can charge \$14,000? How would you answer to your shareholders?” Expecting device makers “to do otherwise is like asking, ‘Couldn’t Apple just charge \$50 for an iPhone?’ because that’s what it costs to make them.”

But do Americans want medical devices priced like smartphones? “That,” Dr. Cram said, “is a different question.”

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#### YOUR PERSPECTIVE

Describe how you would feel about traveling to another country for a procedure or, if you have ever done so, how that care compared with your experience in the U.S.

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#### SELECTED RESPONSES

**Kevin Egan** 3 days ago

I would love to go to Belgium anyway, and if doing it saved me \$110,000, that’s kind of a no-brainer. American medical costs would be hilarious if they weren’t a national disgrace that led to actual pain and suffering.

## A Miracle for Many

When joint replacement surgery first became widely used in the 1970s, it was reserved for older patients with crippling pain from arthritis, to offer relief and restore some mobility. But as technology and techniques improved, its use broadened to include younger, less debilitated patients who wanted to maintain an active lifestyle, including vigorous sports or [exercise](#).

In the first few decades, implants were typically cemented into place. But since the 1980s, many surgeons have used implants made of more sophisticated materials that allow the patient's own bone to grow in to hold the device in place. For most patients, implants have proved miraculous in improving quality of life, which is why socialized medical systems tend to cover them. Per capita, more hip replacements are done in Britain, Sweden and the Netherlands, for example, than in the United States.

Motivated in part by science and in part by the need to create new markets, joint makers churn out new designs that are patented, priced higher and introduced with free training courses for surgeons. Some use more durable materials so that a patient requiring a hip implant at age 40 or 50 might rely on it longer than the standard 20 years, while other models are streamlined and require smaller incisions.

Zimmer got a big sales bump a few years ago when it began promoting its new "[female knee](#)," a slightly slimmer version of its standard design, in an advertising campaign directed at patients. Hospitals on average pay about \$800 more to buy the gender-specific knee implants, according to MD Buyline.

Many doctors say that for most patients, older, standard implants with a successful track record are appropriate. Expensive modifications make no difference for the typical patient, but they drive up prices for all models and have sometimes proved to be deeply flawed, they say.

In the last few years, joint manufacturers have faced lawsuits and have settled claims with patients after new, all-metal implants, which were meant to be more durable than the standard version, had unusually high failure rates. As for those "female knees," a [study](#) featured at the meeting of the American College of Orthopedic Surgeons this year concluded, "While we certainly use the female components frequently in surgery, we don't detect any objective improvement in clinical outcomes."

That is why Dr. Scott S. Kelley, an [orthopedist](#) affiliated with Duke University Medical Center, generally tries to dissuade patients who request "new, improved" joints. "I tell them: 'That's taking a big risk for the potential of a few percentage points of improvement. You wouldn't invest your retirement account this way.'"



Narayan Mahon for The New York Times  
Dr. Rory Wright at the Orthopedic Hospital of Wisconsin with two modern hip joint options.

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### YOUR PERSPECTIVE

Can you relate an experience that has led you to feel that the price of American medicine does — or does not — correlate with the quality of care you received?



## SELECTED RESPONSES

**Anonymous** Martinsburg, WV 3 days ago

The simple fact of the matter is that medicine in this country is a for-profit market segment. The device manufacturers, insurance companies and health care facilities are simply maximizing shareholder value.

## A Town's Lifeblood

The power and profits of the medical device industry are on display here in Warsaw, which has trademarked itself the [Orthopedic Capital of the World](#). Four of the big five joint manufacturers in the world are based in the United States; the other is in Britain. Three of these giants — Zimmer, Biomet and DePuy, a division of Johnson & Johnson — have their headquarters here, a town of 14,000.

An industry that began as a splint-making shop in 1895 has made Warsaw the center of a global multibillion-dollar business. The companies based here produce about 60 percent of the hip and knee devices used in the United States and one-third of the world's orthopedic sales volume, local officials said. Nearly half the jobs in Kosciusko County, where Warsaw is, are tied to the industry. Residents joke that a mixed marriage is when one spouse works for Zimmer and the other for DePuy.

The industry's benefits are evident. The county has the lowest unemployment rate in Northern Indiana, and the median family income of \$50,000 puts it significantly above the state average. The town boasts lush golf courses and streets lined with spacious homes. The lobby of the elegant City Hall, which is in a restored 1912 bank, features plaques about device manufacturers.

"We eat, sleep and breathe orthopedics," said Ms. Conley of OrthoWorx, which she said was set up to "plan for the future of the orthopedic industry here." OrthoWorx's board of directors includes executives from Biomet and DePuy.

With a high-tech industry as its lifeblood, Ms. Conley said, Warsaw needed to attract engineers and doctors from afar and train local youths for "the business." It has upgraded the public schools and helped create programs at local colleges in orthopedic regulation and advanced machinist techniques.

Officials at OrthoWorx say the device makers do not discuss "competitive issues" among themselves, including the prices of implants, even as employees stand together watching their children play baseball. Still, it is in everyone's interest not to undercut the competition. In 2011, all three manufacturers had joint implant sales exceeding \$1 billion and spent about only 5 percent of revenues on research and development, compared with 20 percent in the pharmaceutical industry, said Stan Mendenhall, the editor of Orthopedic Network News. They each paid their chief executives over \$8 million.

"It's amazing to think there is \$5 billion to \$6 billion going through this little place in Northern Indiana," said Mr. Mendenhall, adding that the recession has meant only single-digit annual revenue growth rather than the double-digit growth of the past.

Device makers have used some of their profits to lobby Congress and to buy brand loyalty. In 2007, joint makers paid \$311 million to [settle Justice Department accusations](#) that they were paying kickbacks to surgeons who used their devices; Zimmer paid the biggest fine,



\$169.5 million. That year, nearly 1,000 orthopedists in the United States received a total of about \$200 million in payments from joint manufacturers for consulting, royalties and other activities, according to data released as part of the settlement.

Despite that penalty, payments continued, according to a [paper published](#) in The Archives of Internal Medicine in 2011. While some of the orthopedists are doing research for the companies, the roles of others is unclear, said Dr. Cram, one of the study's authors.

Although only a tiny percentage of orthopedists receive payments directly from manufacturers, the web of connections is nonetheless tangled.

Companies “build a personal relationship with the doctor,” said Professor Robinson, the Berkeley economist. “The companies hire sales reps who are good at engineering and good at golf. They bring suitcases into the operating room,” advising which tools might work best among the hundreds they carry, he said. And some studies have shown that operations attended by a company representative are more likely to use more and costlier medical equipment. While some hospitals have banned manufacturers' representatives from the operating room, or have at least blocked salesmanship there, most have not.

## No Gift Shop

There are, of course, a number of factors that explain why Mr. Shopenn's surgery in Belgium would cost many times more in the United States. In America, fees for hospitals, scans, [physical therapy](#) and surgeons are generally far higher. And in Belgium, even private hospitals are more spartan.

When Mr. Shopenn arrived at the hospital, he was taken aback by the contrast with NewYork-Presbyterian Hospital, where his father had been a patient a year before. The New York facility had “comfortable waiting rooms, an elegant lobby and newsstands,” Mr. Shopenn remembered.

But in Belgium, he said, “I was immediately scared because at first I thought, this is really old. The chairs in the waiting rooms were metal, the walls were painted a pale green, there was no gift shop. But then I realized everything was new. It was just functional. There wasn't much of a nod to comfort because they were there to provide health care.”



St. Rembert's, the private hospital in Belgium where Mr. Shopenn had his hip replaced for \$13,660. Thomas Vanden Driessche for The New York Times

The pricing system in Belgium does not encourage amenities, though the country has among the lowest surgical infection rates in the world — lower than in the United States — and is known for good doctors. While most Belgian physicians and hospitals are in business for themselves, the government sets pricing and limits profits. Hospitals get a fixed daily rate and surgeons receive a fee for each surgery, which are negotiated each year between national medical groups and the state.

While doctors may charge more than the rate, few do so because most patients would refuse to pay it, said Mr. Boussauw, the hospital administrator. Doctors and hospitals must provide estimates. European orthopedists tend to make about half the income of their American counterparts, whose annual income averaged \$442,450 in 2011, according to a survey by the Commonwealth Fund, a foundation that studies health policy.

Belgium pays for health care through a mandatory national insurance plan, which requires contributions from employers and workers and pays for 80 percent of each treatment. Except for the poor, patients are generally responsible for the remaining 20 percent of charges, and many get private insurance to cover that portion.

Mr. Shopenn’s surgery, which was uneventful, took place on a Tuesday. On Friday he was transferred for a week to the hospital’s rehabilitation unit, where he was taught exercises to perform once he got home.

Twelve days after his arrival, he paid the hospital’s standard price for hip replacements for foreign patients. Six weeks later he saw an orthopedist in Seattle, where he was living at the time, to remove stitches and take a postoperative [X-ray](#). “He said there was no need for further visits, that the hip looked great, to go out and enjoy myself,” Mr. Shopenn said.

With baby boomers determined to continue skiing, biking and running into their 60s and beyond, economists predict a surge in joint replacement surgeries, and more procedures for younger patients. The number of hip and knee replacements is expected to roughly double between 2010 and 2020, according to Exponent, a scientific consulting firm, and perhaps quadruple by 2030. If insurers paid \$36,000 for each surgery, a fairly typical price in the commercial sector, the total cost would be \$144 billion, about a sixth of the nation’s military budget last year.

So far, attempts to bring down the price of medical devices have been undercut by the industry.

When Dr. Daniel S. Elliott of the Mayo Clinic decided to continue using an older, cheaper valve to cure incontinence because studies showed that it was just as good as a newer, more expensive model, the manufacturer raised its price.

“If there was a generic, I’d be there tomorrow,” he said.

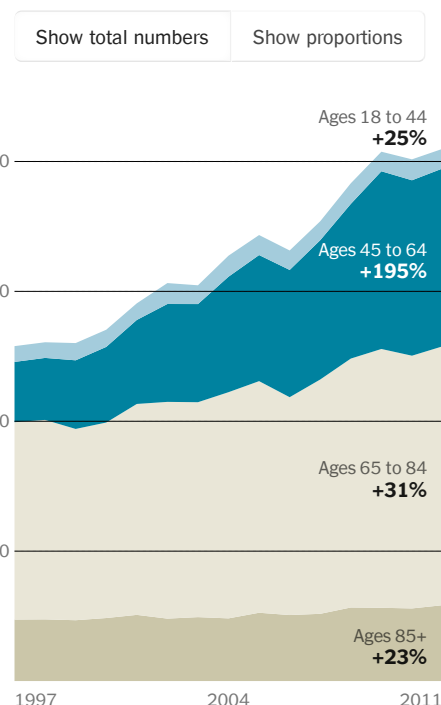
With artificial joints, cost-trimming efforts have been similarly ineffective. [Medicare](#) does not negotiate directly with manufacturers, but offers all-inclusive payments for surgery to hospitals to prompt them to bargain harder for better implant prices. Instead, hospitals complain that acquiring the implant consumes 50 percent to 70 percent of Medicare’s reimbursement, which now averages \$12,099, up 25 percent from \$9,645 in 1993. Meanwhile, surgeons’ fees have dropped by nearly half.

With the federal government unwilling to intervene directly, some doctors and insurance plans are themselves trying to reduce the costs by mandating preset prices or forcing more competition and transparency.

After concluding that hip replacements billed at \$100,000 yielded no better results than less expensive ones, the California Public Employees’ Retirement System, or Calpers, told members that it would pay hospitals \$30,000 for a hip or [knee replacement](#), and dozens of hospitals have met that number.

### Staying Active

The number of hip replacements has risen sharply in recent years, with much of the growth coming from people younger than 65.



Source: Agency for Healthcare Research and Quality



Dr. Wright's orthopedic hospital near Milwaukee has driven down payments for joints by more than 30 percent by resolving to use only two types of hip implants and requiring blind bids directly from the manufacturers; part of the savings is passed on to patients.

The Affordable Care Act tries to recoup some of the medical device manufacturers' profits by imposing a 2.3 percent tax on their revenues, effective this year. But Brad Bishop, the executive director of OrthoWorx and a former Zimmer executive, said that the approach would harm an innovative American industry, and that the cost would ultimately be borne by joint replacement patients "whose average age is 67." He argued that the best way to reduce the cost of joint replacement surgery was to rescind the tax and decrease government interference.

The medical device industry spent nearly \$30 million last year on lobbying, according to the Center for Responsive Politics. The Senate moved to repeal the tax, and the House is expected to take it up this fall. The bill's supporters included both senators from Indiana.

Mr. Shopenn's new hip worked so well that a few months after returning from Belgium he needed a [hernia](#) operation — a result of too much working out at the gym. He was home by 4 p.m. the day of the outpatient surgery, but the bill came to \$16,500. Though his insurance company covered the procedure, he called the hospital's finance department for an explanation.

He remembers in particular a "surreal" discussion with a "very nice" administrator about a \$750 bill for a surgical drain, which he called "a piece of plastic in a sealed bag."

"It was mind-boggling to me that the surgery could possibly cost this much," he said, "after what I'd just done in Belgium."

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#### YOUR PERSPECTIVE

Is there anything else you would like to share about your reaction to this article and how the cost of a joint replacement or another medical procedure has affected you?

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#### SELECTED RESPONSES

**Orrin Schwab** 3 days ago

The entire healthcare industry needs to be rebuilt in the image of vastly superior foreign models. In the long term, we have no other alternative, other than national bankruptcy.

A version of this article appeared in print on August 4, 2013, on page A1 of the New York edition with the headline: For Medical Tourists, Simple Math.

### Reporter's Response: The Growing Popularity of Having Surgery Overseas

As health care costs in the United States rise, an increasing number of Americans are going overseas for elective procedures, or are at least considering that possibility.

In response to this article, hundreds of readers said they would be willing to follow the path of an American, Michael Shopenn, who went to Belgium to have his hip replaced because his insurer in the United States would not cover

the procedure.

Read my complete follow-up response to your comments, about how more Americans are traveling to Europe and Asia to undergo elective surgery.

—*Elisabeth Rosenthal*

**READERS' PERSPECTIVES** How you and others responded.

1 of 3

## QUESTIONS

Would you travel to another country for a medical procedure? (858)

How does the price of medicine correlate with quality of care? (254)

What is your reaction to the issues raised in this article? (374)

## Describe how you would feel about traveling to another country for a procedure or, if you have ever done so, how that care compared with your experience in the U.S.

### 858 READER RESPONSES

All Had Joint Replacement Uninsured Medical Professionals Over 65

**Greg** New york 2 days ago

I would absolutely travel to another country for major savings. I took care of my mother, who lived in Mexico, and covered many medical procedures in private hospitals there. They see the gringo coming but prices are still half the USA, and the care, equipment identical - rooms far superior to NYC or Dallas. Docs are much more attentive, spend much more time with you, and are spiritually and personally enlightened.

**Anonymous** minneapolis 2 days ago

As care here declines, as it is so declining, and costs soar, the prospect of a european health care location for a proceedure seems not just acceptable, but perhaps preferable.

**Vinson** Hampton 2 days ago

I had an eye exam in Hong Kong. No one spoke english. It was fast, accurate and inexpensive. A computer operated device did all the work. The same exam in the US is \$250 out of pocket with my vision coverage. Not major surgery but an example f how other countries do things better and more cheaply than we do.

**RW Richards** Boulder 2 days ago

I had my right hip replaced in 2008 at a clinic in Utah and the total fees to the insurance company were \$28,000. I had my second hip resurfaced in Colorado in 2010 and the total fees to the insurance company were close to \$78,000. I have had several friends do the Belgium clinic for hip replacements and they have had good results. My belief is that politics and money are the biggest barrier to our health care system which worries me if the government (which is all about politics and money) is allowed to control the system.

**Anonymous** Chico 2 days ago

I would be much more comfortable if I could stay in the US for major surgery where I could have the support of my family and friends and, in case of medical complications, be close to my surgeon. However, if cost were the deciding factor whether I could have joint replacement which would keep me out of pain and allow me to continue an active lifestyle, I'd definitely look into having the surgery done in another country. Shame on our health care system which forces its citizens to have to make these kinds of decisions! KC

**JRS** New York, NY 2 days ago

I would certainly travel abroad for such a procedure. The irony of how the medical mafia has seized total control and inflated the costs of health care in the US versus the constant mantra of "free market" that holds our Congress in thrall is astounding. Where is "free market" competition and transparency when it comes to medical procedures?

**Raymond Williams** Las Vegas, NV 2 days ago

I'm 71 years old. As such, having an implant may become a necessary reality eventually. I walk 3-4 miles a day for exercise. These days I often ponder if I will be able to do this next year, next month, or tomorrow. Undoubtedly, I would travel to Belgium or wherever to obtain the affordable care needed for me to continue this lifestyle.

**Anonymous** Phoenix 2 days ago

I'm told that in many European countries the ability to speak English fluently is a requirement to 'high school' graduation. I've never encountered any communication issues during medical treatment in Europe. As for the 'what if' argument regarding complications after arriving home, I would recommend finding a doctor who has read and embraced the Hippocratic oath. Anyone who criticizes foreign care without having even travelled outside of the states is simply naive and oversold on our medical system. Being the costliest has not made it the best.

**Connor Dougherty** Denver 2 days ago

If I were forced to travel to another country for a procedure that should be available here were it not for greedy medical profiteers, I would seriously consider applying for permanent admittance to that other country. I'm disgusted with how our leaders and our voters are letting this country go to the highest bidder.

**Anonymous** San Luis Obispo 2 days ago

If I were not eligible for Medicare to pick up the cost I wouldn't hesitate to travel out of the country for a surgical implant, providing the facility had a stellar reputation. The pain from a worn out joint is debilitating.

**anonymos** Houston 2 days ago

No, I would not. Having had both hips replaced, one in '95 in Miami with private ins and the other in '05 in Houston with Medicare, for a total out of pocket cost for both of \$5500. Both were 4-5 days in the Hospital post surgery, a week of post surgery hospital rehab, and a month of physical therapy. I will agree that the cost of health care is expensive, but believe it is because of lawyers convincing people that they "are entitled to compensation." Try to collect on frivolous law suits in these other countries.

**Frauke Voss** Toronto 2 days ago

I had two hip replacements performed in Toronto, Canada, at a hospital specializing in joint replacement. The only cost incurred was taxi fare to the hospital and telephone rental (\$4 per day) while in hospital. We pay for our health care through taxes and never have to worry about receiving medical attention.

**Anonymous** Laconner 2 days ago

I would take the next flight to Belgium if I needed surgery. Global healthcare pricing and competition will continue and the US will have to compete in that market, or lose out on all the future boomers.

**Jan** San Rafael, CA 2 days ago

If I did not belong to Kaiser, the large HMO, I would have gone to another

country for my two hip replacements. The cost for my hip replacements was \$500, payment for the total of 4 nights in the hospital. It is a sad commentary on our country that anyone is forced to go to another country for a surgery that is out of reach of many people.

**Liz Kelner** Taos, New Mexico 2 days ago

Yes I definitely would. Folks should know that Cuba - 90 miles from our shore - has one of the best orthopedic hospitals in the world with costs lower than Belgium, Lack of access to the medical resources in Cuba is another sad result of the embargo and travel ban that is hurting our own citizens.

**Johnny** Cincinnati 2 days ago

I had one of my hips replaced in 2004 and the total bill was about \$33,000, of which I paid about a \$1400 deductible. Now my other hip is going south and I just may do the same to get it replaced. I heard several locations in South America are very reasonable and high quality. This is a great opportunity for travel agents (or any one, actually) to make great money setting up these trips abroad. and

**Anonymous** New York 2 days ago

I feel angry, pure and simple, at just the thought of having to travel to another country to receive healthcare. No one in the US should even have to think about needing to travel abroad to receive health care that should be readily available and fairly priced for those who need it here in the US. We are being deprived of something that is generally considered a basic human right in every other developed nation. Shame on us for this monumental failure of our society.

**Please don't believe everything** Charleston 2 days ago

I can't point out all the bullshit in this article in only 100 words. As usual the anger is misplaced. The average knee in the US is \$4,000 (probably the same in Brussels) and in many countries it's significantly higher. 99 percent of hospitals pay this amount. Denial based on a "pre existing sports injury", that's ridiculous, blame the insurance company. \$70,000 markups, blame the hospital. Ignorant and irresponsible reporting that could effect policy that helps no one, blame the moron who authored this crap. The average implant now lasts 20 years, that's \$200 a year...

**Anonymous** Omaha 2 days ago

I have had three surgical procedures outside of the United States, 2 in Panama and 1 in Mexico. I received very good, cutting edge medical care at a fraction of the price, along with simply being treated like a human being. I will probably never go to the U.S. for health care again. Expensive doesn't always equate to superiority of product or service.

**Laura Billington** Maple Valley WA 2 days ago

My husband had eight dental implants done in Los Algodones (just over the border, 7 miles from Yuma, AZ, for a total cost of \$9200 vs \$44,000 here in the Seattle, WA area. State of the art equipment and dentists licensed in both AZ and Mexico. Even with the cost of two trips, rental cars, and motels, it was less than one fourth the cost of having it done here. Crowns are \$200, and I had an extraction and xrays for \$60. I cannot speak more highly of the entire experience--it was flawless.

**Anonymous** Idaho 2 days ago

I would be very willing to travel to another country for a procedure so long as I could verify the quality in that country. In fact, I would rather do that than allow the same device manufacturer, surgeon, anesthesiologist, etc. make the outrageous profits that they do in the US.

**OldeNurse** Delton 2 days ago

I would not hesitate to travel to another country if it provided the level of care such as in Belgium, Switzerland, Germany, etc. My father traveled to another country for treatment of his cancer in 1960s; the therapies were not 'legal' in the US; he survived until 2010, working and living well, into his mid-nineties. The criminality of the level of price manipulation in health-care-related industries is becoming widely known. Don't these individuals responsible for such extortion and fraud realize that they are accountable on many levels?

**Mel** Addison 2 days ago

It is a disgrace how marked up everything is. It just shows competitiveness. People opt out when prices get too high.

**Med Fadel** College Station 2 days ago

In a heart beat! Greed and lack of oversight is bringing our healthcare system down very rapidly. Medicare is so poorly managed it is beyond comprehension. Imagine what will happen when the number of seniors will double to 80 million in just 20 years or so! The issue of greed is across the board: insurance companies, drug makers, hospitals, and device manufacturers; to name but a few!

**Anonymous** San Francisco 2 days ago

While travelling in the Netherlands I had a dental emergency. The resolution required oral surgery at the university hospital in Amsterdam. My cost for all visits, medicines, and surgery totaled \$180 USD. It would have cost thousands in the US. Having my trip marred by such a painful experience was a small price to pay for high quality health care. The surgeon even offered me tea during consultation! I'd travel to Europe in a heartbeat for medical treatment of any kind and encourage others to do so every chance I get. Medicare for all is our best solution!

**Anonymous** Warsaw 2 days ago

Really sad that we need to travel to another country to take care of our medical care, I do it all the time, traveling to my country of birth, due to the high cost of the medical service and hospitalization here in USA and also the high cost of the health insurance with a high deductible

**Felipe** Fort Worth 2 days ago

I have not traveled for a medical procedure yet, but would do so in a heartbeat should the math add up as it nearly did, for the extraction of two wisdom teeth, earlier this year.

**Robusto** Phoenix 2 days ago

I have had dental treatment outside the US and it was good. Greed, greed, greed, makes the USA go round. Unfortunately we do not want to pay triple for devices BUT we do want our stock portfolios to go up...SO IRONICALLY that we can pay triple for devices...how silly

**Traveling Princess** Morro Bay, CA 2 days ago

I would have no hesitation to go abroad for surgery. As a taxpayer, I'm sick to death of our medical system. Patients get gouged by companies that are living off Medicare, essentially.

**Anonymous** Park City, Utah 2 days ago

Fine. In the US we are conceited about our expertise and products. Many other countries have better healthcare (under a variety of measures). The political aspects of funding healthcare usually dominate discussions in this country and obscure the fact that our health outcomes lag other countries. Go and research the facts on infant mortality or life expectancy for example.....



**Dan A. Knoll** Washington 2 days ago

I have gone to another country for medications. Often my deductible is higher than what I pay outright, including shipping for medication I need. Congress has done a disservice the way they force a typical medicare D clients to pay much more for drugs than is necessary.

**Anonymous** Tucson 2 days ago

I would not have a problem traveling outside the U.S. for a better priced replacement - if I could afford it of course. The U.S. healthcare industry is a joke and all about profit - NOTHING else. I'm sure Canadians don't have to endure these super inflated prices.

**Laurie Zucker-Conde** Medford 2 days ago

I would definitely do this if it were a European Union or credible, safe country, and thank you for bringing this option forth. I am currently healthy, and think that the overall health of person would be a factor in making this decision. Opening up the market might help bring our outsized costs down, particularly if insurance would also support these choices.

**ian weber** Omaha 2 days ago

Warning: if you go get your hip done in Belgium and something goes wrong, infection, instability, or dislocation and you need a revision.... Your insurance will not cover you, you will pay all out of pocket. But if you go through your insurance here, any complications will always be covered.

**Dan A. Knoll** Washington 2 days ago

I have gone to another country for medications. Often my deductible is higher than what I pay outright, including shipping for medication I need. Congress has done a disservice the way they force a typical medicare D clients to pay much more for drugs than is necessary.

**Tuesday** Bloomington, Indiana 2 days ago

I'm having to look at Europe for a knee replacement. I'll be going into a trial because I don't have the money for surgery in America. I'm 30 and disabled, waiting replacement. My best working years are getting away from me because of this injury. Every day I wait to go overseas is a day I'm losing productivity that would let me someday buy a house or start a family. The American medical business is ruining my life. Everything is on hold until I have the money to walk again.

**Anonymous** Renton, WA 2 days ago

I would travel to another country for a joint replacement or for any other kind of surgery. The lobbying groups that manage to keep laws in place that perpetuate their own greed need to be silenced. The government needs to stop taking their money as contributions to their re-election campaign funds and do what they are paid to do - and that is serve the peoples interests, not their own and certainly not the interests of big business.

**gene whitman** Denpasar 2 days ago

I am an American physicisn board certified in family medicine. Please do not think primary care physicians in the U.S. are making a financial killing. The vast majority are working very hard and often making less than the public thinks. very sad when an excellent primarycare doctor says s/he would not advise their kids to become doctors. BTW,I left the U.S. to work overseas....the best professional dcision i ever made. Only wish i had known of this option years earlier.

**Randy Lackey** williams 2 days ago

My wife and I have our dental work done in Mexico. We are very happy with the quality. The price is approximately 25% of the U.S. I'm tired of the whole U.S. system, it seems health care is too profitable here. I have never met a poor doctor or dentist. Who says health care should be for profit?

**Susan** Denver 2 days ago

To equate health care to a cell phone, as Dr. Cram has done, is the very essence of this issue. Dr. Cram, where is your sense of shame and compassion? Yes, I would go to Europe for this sort of care. The idea that everyone else is behind the times is ludicrous.

**Anonymous** New York 2 days ago

I would worry more about the international travel aspects, plane delays, US customs and security. I think eventually some real smart business people will couple this with cruise ships. You could board in say Florida and cruise for a week. Once you leave the 3 mile limit then you are outside US territory. Your family could come along.

**Anonymous** Oak Park 2 days ago

I would certainly go to one of the many wealthy countries that have much better - and much less costly - health care. This is true of most of Europe, as well as Japan, Australia, and N. Zealand. Their socialized systems of health care deliver better health outcomes at lower costs.

**Anonymous** Berlin 2 days ago

Currently getting a lot of dental work done in Germany, and I'm very pleased with the results so far. My last dental visit in the U.S. was during childhood, partly because of the costs. I was amazed at how much my current dentist is willing to do, affordably.

**Gila Svirsky** Nairobi 3 days ago

I was living in Mombasa, Kenya 2 months ago, and couldn't find a good dermatologist to check my moles. Since I had had melanoma 2 years ago, this was important. I flew to Dubai, where they checked and did biopsies on 2 locations. It was extremely professional and a highly sophisticated operation. They told me about half the patients are from other countries, mostly there for cosmetic surgery.

**Anonymous** Bratislava 2 days ago

I am an American married to a Slovak and living in Bratislava. If my husband and I were to move to the US at some point, we both agree that we would maintain our Slovak health insurance and return here for any major procedures (except of course in the case of an emergency that required immediate care without the option of going anywhere else). The care here is definitely not inferior to medical care in the US, and our insurance coverage is broad. Even for things not covered by insurance, the costs are much, much lower.

**Anonymous** St. Louis 2 days ago

I am a Canadian citizen living in the USA. If I needed a medical procedure, I would go home for it. No doubt in my mind whatsoever. I have health insurance through my job here, but it's peanuts compared to the care I can get for free at home.

**Roland** Denver 2 days ago

I would wonder about follow ups for problems and also if it was defective how one would sue for any damages but the cost different leaves a lot of room for such contingencies. We have globalization of everything now, why not global health care. And the insurance companies should promote that concept for their own bottom line. But alas the republicans will block it with a virtual filibuster, many Republican state legislatures won't even

allow insurance exchanges (unlike those of us lucky enough to live in Colo

**Anonymous** St. Charles 2 days ago

Not in a million years! Where do you think these people are going when they have problems, need repeat surgery, or have complications? I wonder how profitable that is for foreign countries?

**Anonymous** Amelia Island, FL 2 days ago

I had an aortic dissection in Australia, We called the emergency number, a Doctor answered & we described my condition & she demanded that I be in the emergency room immediately. I was transferred To RNS Hospital. I was in the hospital almost 3 weeks, 10 days in ICU. I had many scans. a team of vascular doctors, meds - all at an incredibly low cost. No charges for the team of doctors. Estimated cost in USA was about \$300,000. My cost in AU was about \$38,000. all inclusive.

**josephine@bonesmart.org** Sunderland 2 days ago

Surgical tourism is all fine and well providing things go according to plan. If you are unfortunates enough to get things like infection, dislocation or any other of a dozen or so complications, getting treatment can be a big problem as surgeons typically don't like picking up where another surgeons leaves off. I wouldn't want to do it and I am a career orthopaedic OR nurse in the UK. I've been involved with hip and knee replacements since the 1960s!

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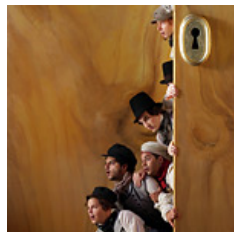


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