

Clinical Governance Checklist

Questions employers and advisors should ask before evaluating an overseas Center of Excellence pathway.

Audience

HR benefits leaders, clinical governance stakeholders, brokers, TPAs, carriers, and plan administrators.

What this PDF helps users do

- Understand whether the opportunity is relevant before speaking with sales.
 - Frame the evaluation around savings, governance, member trust, privacy, and reporting.
 - Prepare a more qualified conversation with CareCostDown, a broker, or a TPA.
 - Avoid confusing a governed employer pathway with unmanaged medical tourism.
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Why governance comes before savings

A governed surgical pathway must be evaluated on more than the potential price difference between domestic care and overseas care. The program needs a physician-led review process, defined Center of Excellence criteria, member suitability boundaries, and privacy-safe employer reporting.

- Prevents the program from being confused with unmanaged medical tourism.
 - Creates a clear way to decline cases that are not appropriate for travel.
 - Supports employer, advisor, TPA, and carrier confidence before pilot launch.
 - Protects member trust by emphasizing voluntary education and privacy boundaries.
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Physician-led case review

- Who reviews clinical appropriateness and travel suitability before member education advances?
 - What documentation is needed after a member consents to review?
 - Which conditions or risk factors exclude a case from travel consideration?
 - How is the member's domestic physician relationship respected?
 - What happens when a case is clinically attractive financially but not appropriate for travel?
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Center of Excellence evaluation areas

Facility standards	Accreditation, infection control, surgical volume, escalation pathways, and quality reporting.
Surgeon review	Training, credentials, case volume, outcomes, procedure focus, and communication standards.
Care protocol	Pre-op review, surgical pathway, post-op monitoring, discharge criteria, and follow-up handoff.
Travel readiness	Flight timing, mobility, lodging, companion policy, and medical travel suitability.
Privacy	No PHI in web inquiries; member consent and minimum necessary information for reviewed cases.
Employer reporting	Program-level summaries, savings estimates, workflow status, and privacy-conscious reporting.

Member and privacy boundaries

- Participation should be voluntary and education-based.
 - Public forms should not collect patient names, diagnoses, SSNs, dates of birth, medical records, insurance card details, or claim numbers.
 - Employer reporting should focus on program performance and savings estimates, not unnecessary patient detail.
 - Clinical review should occur only after appropriate consent and workflow controls are in place.
 - Emergency care and unstable medical conditions should be clearly out of scope.
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Questions before pilot launch

- How are facility and surgeon criteria documented?
- How are inappropriate travel cases declined or redirected?
- How are complications, escalation, and post-op handoff handled?
- How are member consent and privacy boundaries communicated?
- What employer reporting is useful without unnecessary patient detail?
- What TPA or carrier workflow must be confirmed before implementation?

Recommended next step

Next step: Request a Surgical Savings Review before designing a pilot.
