

“MEDICAL TOURISM”

TANTANGAN DAN PELUANG **RS INDONESIA**

Ario Djatmiko

DEWAN PAKAR PB IDI
Founder RS Onkologi Surabaya

INDIA: MY FAMILY VS.
THE MAOISTS
By Sudip Mazumdar

BUSH: THE DILEMMA
OF IN-HOUSE DISSENT
By Richard N. Haass

WHY STOCKS ARE
IGNORING BAD NEWS
By Barton Biggs

Newsweek

SPECIAL DOUBLE ISSUE

SUBSCRIPTION
COPY

Holidays for Health

People are traveling overseas for cheaper medical procedures like colonoscopies and hip replacements.

BY SANA BUTLER

TWO YEARS AGO, WHEN Suzanne Rakow was diagnosed with breast cancer, doctors recommended a mastectomy followed by two months of radiation. Underinsured and shocked when she heard the hospital bill would total \$100,000 or more. She had already received a \$10,000 doctor's bill for a second opinion and a 25-minute needle biopsy, and her insurance wouldn't cover any of it. Rakow, "I didn't know what I was going to do. If I spend all of my money now, what if the cancer comes back? I have to live on something."

A friend she met while traveling in China recommended she call Planet Hospital, a medical-travel company that connects patients with 32 hospitals in 18 countries. Within 36 hours, she was on the phone with a surgeon at Mount Elizabeth Hospital in Singapore. "I was very confident he knew what he was doing," she says. So Rakow packed up her medical files and flew to Singapore. Planet Hospital handled her medical procedures and found hotel accommodations, as well as a local concierge. Her total bill, including the surgery, radiation, airfare, hotel, concierge and a two-week side trip to Bali, was under \$30,000. She paid it out of pocket.

Jetting off to a foreign country for affordable health care has been a popular option for years. But now, pinched by rising health-care costs, travelers are going abroad for routine care, including colonoscopies and ultrasounds. By 2012, experts predict, 780 million patients seeking health care abroad, Planet Hospital and similar companies, like Global MD and Med Retreat, are based predominantly in the U.S. and serve mostly retired baby boomers who don't yet qualify for Medicare. The companies shop around for a hospital and make the arrangements; in return, the hospital

health-care providers directly. It's not only the underserved who are eager to take advantage of geographical differences in the cost of health care. Private employers and government-run health-care agencies in such places as the Middle East, Canada and Germany are

tal pay them referral fees. Patients pay the health-care providers directly. It's not only the underserved who are eager to take advantage of geographical differences in the cost of health care. Private employers and government-run health-care agencies in such places as the Middle East, Canada and Germany are



SHOPPING AROUND: Singapore's Raffles Hospital has seen a spike in foreign patients

hoping to reduce costs and long waiting times by encouraging employees to take advantage of medical treatments while traveling. The savings are enormous. A new hip in the U.S., for example, averages \$100,000 at the Runnymede hospital in Bangkok, the cost starts at \$11,000. In Colombia, a person can buy four orthopedic shoes for the cost of one American one. "My gastroenterologist is in Bangkok," says David Boucher, the president and chief operating officer of BlueCross BlueShield/Companion Global Healthcare, who paid \$602 for a standard colonoscopy in Thailand soon after his 50th birthday, healing holiday.

Susan Rakow 59 yr
California
Breast Ca → \$US 10.000
for Diagnostic Procedure.
She was offered \$US 100
000 for treatment



Planet Hospital (online):
Medical travel company ~
32 Hospital in 18 country
36 hour: called from Singapore



\$ US 30 000 :
Surgery, radiation, airfare
Hotel, 2 weeks side
Trip to **Bali**

2012:
\$ US 100 billion medical tourism
780 million patients seeking
Seeking a health abroad

May 11-18, 2009

Half a million visitors a year can't be wrong

Singapore, the ultimate healthcare destination.



Astrid Sunarti
Indonesia

Astrid had Age Related Macular Degeneration, a condition that led to near blindness. She headed to Boston, USA, to consult eye specialists but was told her visual loss was irreversible. In July 2006, a solution was found in Singapore's Raffles Hospital – a painless, stitchless procedure called 23-gauge vitrectomy. Astrid was able to see the world more clearly by the very next morning.



Michael Hornholtz
USA

In 1974, Michael was rolled into the operating theatre in California in the hope of fixing his broken nose. He came out with an intolerable pain for the next 30 years. Subsequent operations did not help until he came to Singapore in May 2007. Here, Dr. Lau Chee Chong of Mount Elizabeth Medical Centre performed an hour-long procedure where he removed bony chips and scar tissue as well as cleared up Michael's sinus infection. By the end of the week, Michael was able to fly home with a breath of relief.



Zhang Jia He
China

When he was just two-and-a-half years old, Jia He was diagnosed with stage 4 neuroblastoma. At that time, the only way for him to move around was by crawling. A search on the Internet led him and his family to Singapore's Dr. Chui Chan Hon of the KK Women's and Children's Hospital. After a year's treatment which included chemotherapy, stem cell transplantation and medication, Jia He is now able to play joyfully with kids his age.



Denzil Gunaratne
Sri Lanka

This prominent lawyer had liver cirrhosis and liver cancer. His only option was a liver transplant, and Denzil found his donor in a Buddhist monk. Dr. K C Tan, an expert in live donor liver transplantation, and his team at Singapore's ParkwayHealth performed the eight-hour surgery without a hitch. A month later, Denzil was back home, all set to enjoy many more days in court.

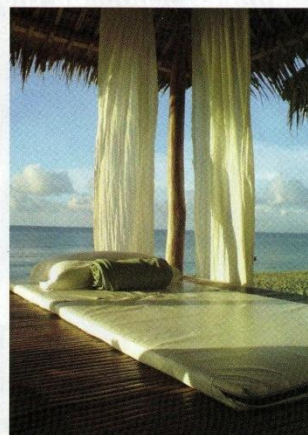
ASIA'S TOP HEALTH TOURISM DESTINATIONS

Competition is rife between Asian countries as they see the benefits of investing in the provision of medical services to overseas visitors.

Much of the region is still considered developing but that is far from the case in the medical sector, with staff trained to the highest level, hospitals to match the best in Europe and North America, and equipment that often exceeds even this standard. Add the fact that it is often more cost effective to travel to this beautiful part of the world for treatments and operations – and perhaps enjoy a beach or spa holiday as you recuperate – and it is clear why hundreds of thousands of people now choose Asia.

Thailand and India are currently battling with the experience and quality of Singapore for the right to be considered the blue riband holders for medicine in the region, while The Philippines and Malaysia also boast exceptional facilities and deserve consideration. Even Vietnam is beginning to attract the eye with some breath-taking medical spa facilities and low prices.

Whatever your ills, all over Asia, they're offering the cure.



Newsweek

PEACE OF MIND WHEN HEALTH REALLY MATTERS

Singapore
MEDICINE
www.singaporemedicine.com

DEFINITION

Medical tourism is defined as all 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.

TRAVEL MOTIVATIONS

Key Motivators	Sub-Motivators
Cost	(1) Lower cost in overseas (2) Higher cost in home country (3) Favorable exchange rates (4) Relatively affordable international air travel
Time	(1) Long waiting list in home country (2) Short waiting list
Regulation	(1) Treatments not approved by government (e.g. : In US : stem-cells therapy, cancer treatment) (2) Easy accessibility to another country (3) Insurance-related not covered by insurance in home country (e.g. : dental, vision, cosmetic surgery, fertility) or underinsured or no universal medical insurance available (e.g. : US)
Medical Preferences and Availability	(1) Expats and migrants return home for medical treatment (2) Non-availability of certain procedures (e.g. : organ transplant) in home country
Quality	(1) Equal or better quality in another country (2) Medical expertise (3) Hospital hardware
Tourism	(1) New and exotic location in conjunction with holidays
Information	(1) Easy access to information regarding to medical

MALAYSIA

- **Tourism** is one of the 12 initiatives proposed under the National Key Economic Areas (NKEA) that could help the nation to achieve the status of a developed economy by 2020.
- Within tourism, the health sub-sector is singled out as the most promising and lucrative area for the development of the industry in the country.
- While tourist arrivals increased by 300% from 5.5 million in 1998 to 22.1 million in 2008, over the same period, medical tourist arrivals increased by 856% from 39,114 to 374,063 (1998-2008)
- The Association of Private Hospitals of Malaysia (APHM) predicted revenue from medical tourism to grow at least 30% annually
- 2010: MYR 540 million to the nation's economy (Leonard, 2009).

MALAYSIA

- Worldwide medical tourism market was about US\$ 60 billion in 2006 and projected to climb to US\$100 billion by 2012 (Evans, 2008)
- Key medical tourism destinations: Brunei, Cuba, Colombia, Costa Rica, Hong Kong, Hungary, India, Israel, Jordan, Lithuania, Malaysia, Mexico, Philippines, Singapore, Thailand, and United Arab Emirates
- The expansion of medical tourism is largely contributed to by the globalization of healthcare services, where boundaries among nations have been minimized, enabling patients to move across borders for medical treatment.
- **Malaysia's competitors:** the 'uniquely' superior quality Singapore; the 'amazing' Thailand and the emerging 'incredible' India.....Indonesia tidak diperhitungkan.
- Malaysia needs to offer unique competitive advantages in the current globalization in healthcare services; and identify its unique selling point.

MALAYSIA

- Medical tourism after 1998, following the **Asian Financial Crisis**, as an economic diversification .
- Malaysia will receive about 689,000 medical tourists by 2012 (IMTJ, 2011b).
- The Ministry of Health reported that Malaysia has achieved US\$ 101.65 million from the medical tourism sector in 2010. The revenue is expected to further grow to about US\$ 116.5 million in 2011 (IMTJ, 2011a).
- Main markets: **Indonesia (72.0%)**, **Singapore (10.0%)**, **Japan (5.0%)** and **West Asia (2.0%)** (UNESCAP, 2007).
- The majority of medical tourists travel to **Penang (61%)**, while Malacca and Kuala Lumpur only receive 19 percent and 11% of health tourists respectively (Ormond, 2011).
- Penang is known as attracting primarily **lower-middle income patients** from the nearby **Indonesian island of Sumatra** (Ormond ,2011).

MALAYSIA GOVERNMENT INITIATIVES

- Malaysia Healthcare Travel Council: **package and standardize the prices** for healthcare services and to market them internationally.
- Government efforts: **extended the visa period for health patients**; tax incentives to refurbish wards and rooms in private hospitals (Foong, 2009).
- The government is offering **100% tax exemption** to private hospitals that are willing to construct new hospitals or expand, modernize, and refurbish their existing ones (IMTJ, 2011c).
- The health tourism web site (<http://www.myhealthcare.gov.my/en/index.asp>) produced by the **Ministry of Health Malaysia (2010)** provides **comprehensive information about products, prices and places of healthcare services**.
- The Malaysian government: attracting local and foreign investments.

MALAYSIA PULL FACTORS

- Based on the quality and affordability (value for money) of healthcare and receptiveness to foreign investment, Malaysia ranked third in the world behind Panama and Brazil, and the first in Asia (Yanos, 2008).
- Tourism Malaysia (2007): Focus on high quality and low price offerings and short waiting list, well-trained and highly qualified medical personnel, world-class hospitals equipped with state-of-the-art medical equipment, and excellent English proficient staff
- The country has a harmonious, plural, multi-cultural and multi-racial society practicing a variety of religions (thus offer multi-ethnic and multi-lingual hospital staff from various religious denominations).
Malaysia's strong Islamic credentials (Henderson, 2003),
- where hospitals are serving halal food and practicing Islamic protocols, is an attractive element in attracting the Middle Easterns (Connell, 2006).

THAILAND: DEVELOPMENT

- Started in 1970s: Western countries demanded for **cosmetic** and other alternative treatments, such as, **sex change** (Connell, 2006), which were normally not approved by their government or were beyond the boundary of their national or private health insurance coverage (Cohen, 2008).
- **Financial markets' liberalizations** in the 1990s strengthen the expansion of private hospitals.
- Financial Crisis: effort from both government and private sector to lure **international patients to prop up the survival of private hospitals**
- **Markets: Japan, the United States, Australia United Kingdom and Middle East.**
- Estimated revenue to reach US\$4 billion by 2012

THAILAND: PROMOTION

- The Tourism Authority of Thailand (TAT) has launched “**Thailand Medical Tourism Blog Contest**” in October 2010 which attracted 219 participants from 24 countries, to create awareness, widen opportunities for worldwide medical tourists to access to online information on medical tourism in Thailand and enhance confidence among foreign medical tourists on Thailand’s medical tourism’s quality (IMTJ, 2010d).
- The Tourism Authority of Thailand (TAT) promotes medical tourism online through **e-marketing campaign**, such as the “**Healthy Beauty Holiday in Thailand**” campaign in December 2010 e.g.: dental treatments, cosmetic surgery, medical check-ups, etc.).
- **Campaign “You are in Good Hands ”** which promotes the safety and credibility of Thailand in providing medical services, and stimulate higher arrival and longer stay among medical tourists (IMTJ, 2010d).
- **Familiarization tour**: the government invited some of the major global news agencies, including Fox News (US), Xinhua (China), VNA (Vietnam), Bernama (Malaysia), etc., to Chiang Mai (March 2011), Phuket (April 2011), Chanthabu (May 2011), and border provinces in the South (June 2011) for a few days tour to familiarize the available medical and wellness treatments (OkMedicalTourism, 2011).

GOING GLOBAL: SINGAPORE PERSPECTIVES

- Quality, Quality, Quality
- Ministry of Health, SingaporeMedicine provides information including guides to available treatment facilities, treatment costs, and tourism activities to the International patients.
- Singapore is the premier medical tourist destination of all and also with the reputation of performing **ground-breaking medical treatment and procedures**
- Compete on top notch quality instead of price; **key competitive advantages are excellence in quality, trustworthiness, safety, and international accreditation.**
- The government is involved in signing agreements with some Middle Eastern nations in order to offer medical services.
- **Organize world-class symposiums**, conferences, and courses in the medical field, attract not only medical tourists, but potential investors and international scholars in the field.

MALAYSIA- INFORMATION

- 60.2% of respondents gained information about healthcare in Malaysia from their friends and family members who either have visited or are living in the country.
- Word-of- mouth (especially from friends and family) is an effective risk-reducing strategy.
- Focus should then be given to providing healthcare services which exceed the expectation of health tourists, as this will generate positive word-of-mouth.
- Comparatively, only 14.5% of respondents relied on the Internet as information source.

RESULTS: SPENDING BEHAVIOUR

Spending Components	Min (MYR)	Max (MYR)	Sum (MYR)	Mean (MYR)
Healthcare services	150	107, 000	1, 127,840	12, 259.13
International airfares	35	36, 800	355, 618	3, 743.35
Accommodation	100	59, 000	267, 050	3, 256.71
Organized tours	200	15, 000	63, 200	2, 747.83
Shopping	60	35, 000	215, 420	2, 504.88
Miscellaneous	50	50, 000	87, 300	2, 494.29
Food and beverages	25	50, 000	146, 885	1, 650.39
Entertainment	50	10, 000	47, 870	1, 087.95
Domestic transportation	15	10, 000	53, 146	617.98
Total Expenditure	250	427, 500	2, 818, 640	26, 844.19

WHY

TANTANGAN ZAMAN MARKET DRIVEN

JAKARTA ONLY HISTORY
INDONESIA ONLY HISTORY



NOW IS
PAN PACIFIC STORY



What happen in ASEAN?

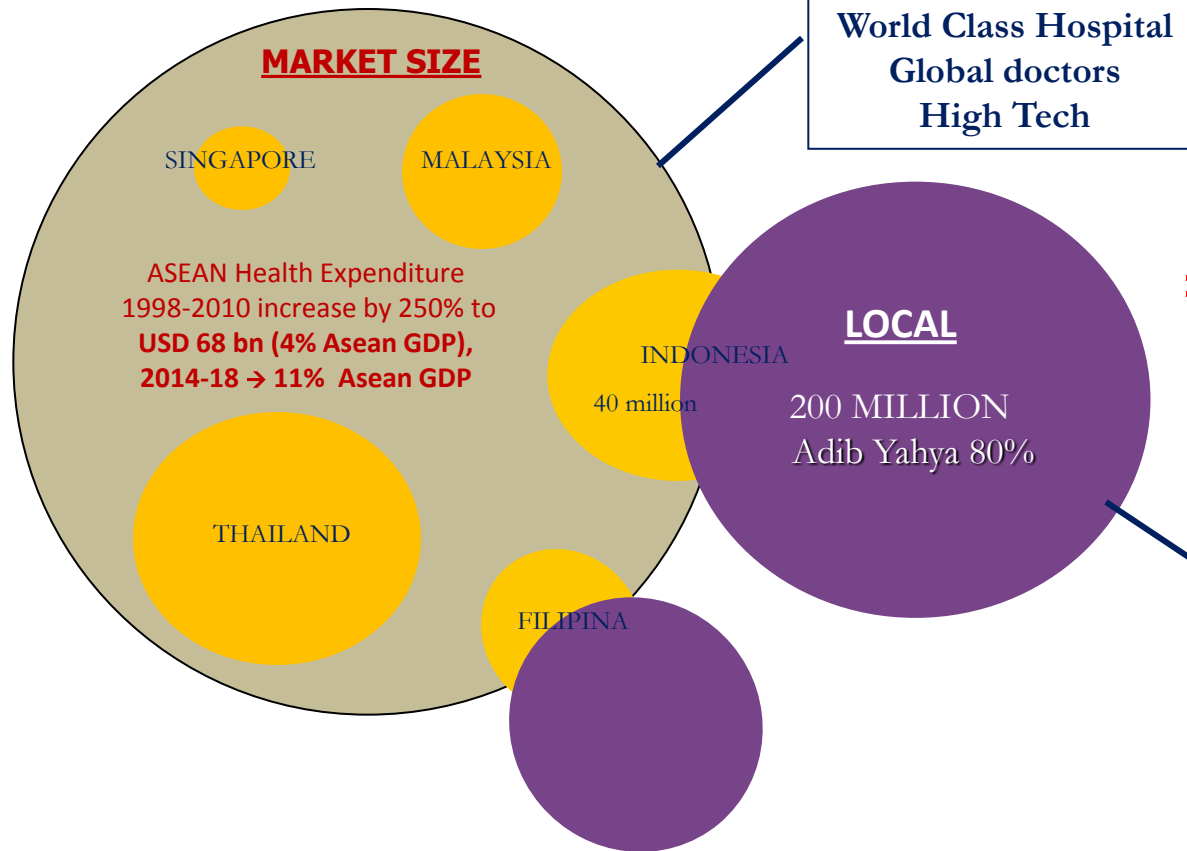
**RS INDONESIA ITU YANG MANA?
DR INDONESIA ITU YANG MANA?**



**RS & DR
ASEAN**

WHY

ASEAN MARKET



PERSI



PARADOX
TWO ROOMS



MARGINALIZED



BPJS IS NOT MARKET
People, Local Hosp & Dr
are MARGINALIZED
Cost minus, Tech outdate
Litigation +++

THE BATTLE GROUND (MEA)

Yang pasti, asing hanya boleh
masuk/bangun **RS spesialis**,
tidak boleh RS Umum.



Mahendra Siregar Ketua BKPM
Bisnis, Jakarta, Rabu 6 November 2013

Rumah Sakit yang tidak mengikuti
Standart Internasional
akan ditinggalkan oleh pasar.

Ketua PERSI

Kompas Rabu 26 Maret 2014

**Health tourism is offensive tool
and
Indonesia defensive**

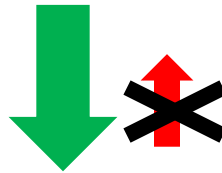
PETA ASEAN

Top Health Care Brand and “skilled labor”
(International Certification /Accreditation)

Singapore, Brunei Malaysia,

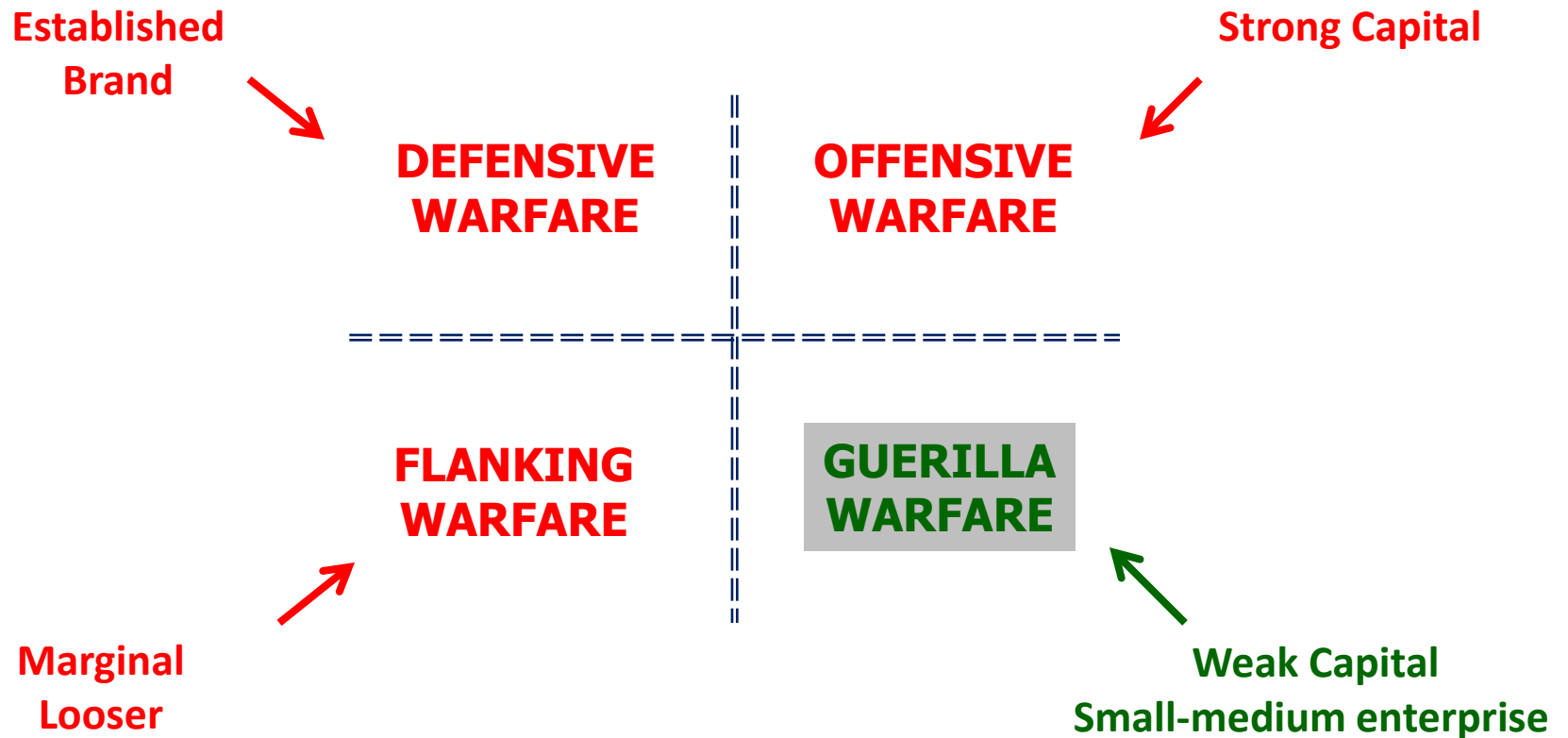
Thailand → **Surplus**

Vietnam & Phillipine → Independence
(Health Tourism)



**INDONESIA
MINUS**

STRATEGIC SQUARE



APAKAH RS ANDA SIAP BERSAING DI ERA MEA
atau
TERSINGKIR ~ BPJS

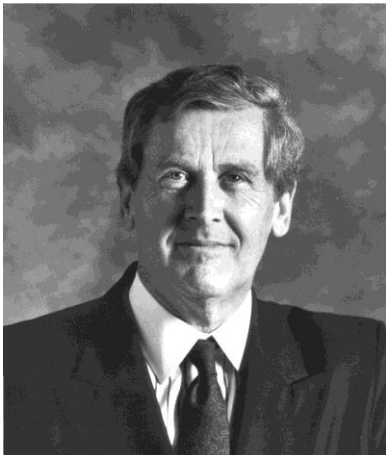


PLEASE ANSWER THESE QUESTIONS

- What is it about your hospital that make it different?
- Who should choose your practice rather than others in your area?
- What do you have to offer that your competitors do not have?
- What is special about the way you conduct the hospital?
- What would you like people to know about you that they do not know now?
- What is it about your practice that offers greater advantages, benefits or results for your patients?

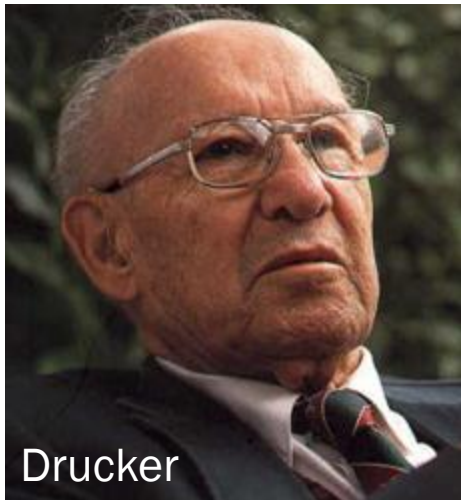
The Fundamental Understanding about Strategy

- ❑ Strategy Is All about Survival
- ❑ Strategy Is All about Competition
- ❑ Strategy Is All about Perceptions
- ❑ Strategy Is All about **Being Different**
- ❑ Strategy Is All about **Specialization**
- ❑ Strategy Is All about Fact & Reality



Jack Trout

We are now in turbulence era
The greatest danger in times of turbulence
is not the turbulence itself but
to **act with yesterday's logic**

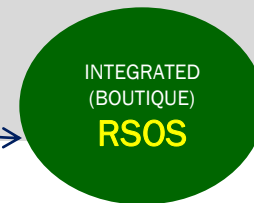


Drucker

THE BIGGEST HEALTH CARE INNOVATION

to make **Better & Cheaper (?)**

1. THE WAY CONSUMER BUY AND USE HEALTH CARE.
no fee for service, no floating market, third party payers, depersonalization, good bye solo players.
corporation era: **Company to Company** → **BRAND**
2. TECHNOLOGY TO DEVELOP NEW DRUG, TREATMENT AND IMPROVE CARE → **TURBULENCE** → **MARKET**
3. NEWS BUSSINES MODEL



INTEGRATED CARE

combining or coordinating separate elements so as to provide a harmonious, interrelated whole

IT'S ALL ABOUT HUMAN ACT AND HUMAN TOUCH

HOSPITAL TREND

< 1980 - DOCTORS ORIENTED



SOLO PLAYERS

1990 - 2000 HOSPITAL ORIENTED



CORPORATE ERA
fragmented care

> 2000 - PATIENTS ORIENTED



ONE STOP SHOPPING
Carve Out Organization
integrated care

- Organ Oriented ~ Cardiac, Breast Centre
- Diseases Oriented ~ Stroke, Trauma
- System Oriented ~ Urology, Endocrine
- Market Oriented ~ Aesthetic, Anti aging



Carve-out organization

an independent investment

COLOCATION



ONE STOP SHOPPING CONCEPT

Boutique is a small enterprise that offers and focus to give high specific and high quality products (services)

- Non deferrable nature/urgent-emergency.
- Highly Specialized Services
- Multidiscipline works
- Comprehensive
- Integrated & Coordinated
- **Feasible (financially) :**
 - New Cases > 30/week
 - Breast Center > 150 new primary Breast Ca/year

HYPER COMPETITION

WHAT SHOULD WE DO?

- ❑ **Operational effectiveness** means performing **similar activities better** than rival perform: better quality, efficiencies, faster, TQM, reengineering etc.
- ❑ **Strategies positioning** means performing **different activities** from rival or performing **similar activities** in different ways.

Why do hospitals differ?

- Brick and mortar
- Human resources
- Facilities
- Spirit and Value
- Concept, Design & System

Ario Djatmiko



BRAND

RS ONKOLOGI SURABAYA

Organ Oriented Hospital



alternative for secondary care

Boutique (hospital) is a small enterprise that provide
high specialized services and
high quality products

RSOS BENCHMARKING:

- Luisen Krankenhaus Borst Centrum
- Sidney Breast Centre
- Munster University Borst Centrum
- AVL, The Netherlands Cancer Institute
- AMCG Groningen
- ASAN Medical Centrum Seoul Korea

RS Onkologi Surabaya (International Advisory Board)

Prof J Oldhoff
(AZG)



Dr Peterse
(AVL)

Prof Emile Rutgers PhD
(AVL)



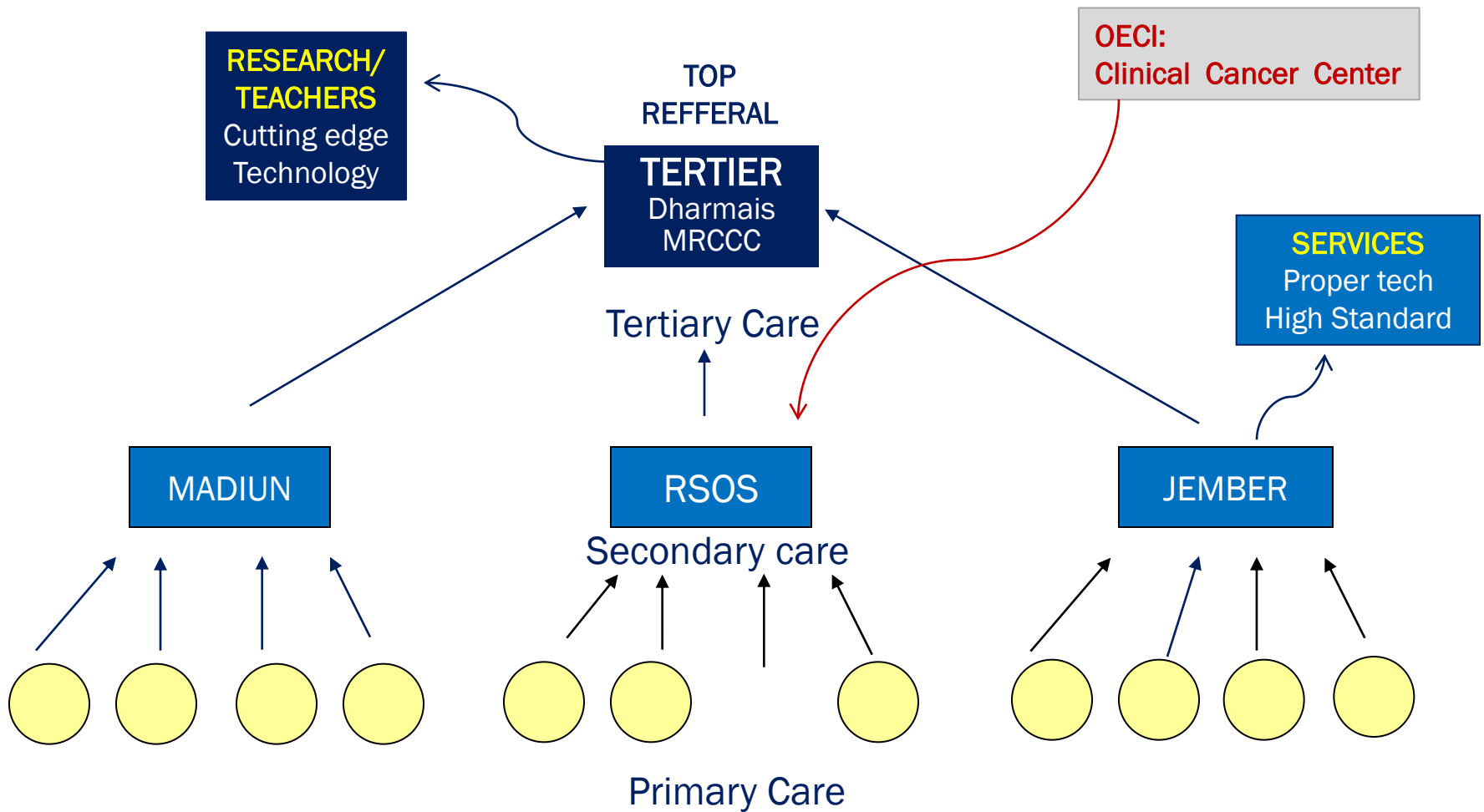
Prof Dr Hoekstra PhD
(AZG)

Dr Marie Rickard
(BSC, Sidney)



Dr Mahdi Rezai
(Breast Centre Dusseldorf)

Where are you?



Categorization of cancer structures: the European philosophy

RSOS

- **Cancer Unit:**
clinical facility with at least RT+Med Onc+Surg
- **Clinical Cancer Center:**
covering a sufficient degree of RT, MedOnc, Surg, RT
occasionally clinical trial activities
- **Cancer Research Center:**
capacity in cancer research focusing in one or more
areas of fundamental or translational oncology
- **Comprehensive Cancer Center:**
covering several aspects of oncology treatment and
research; high level of integration, infrastructure,
expertise and innovation

WHAT

SFTWARE	BREAST CENTRE INTERNATIONAL STANDARD	RSOS
New Case of Breast Cancer	> 150/year	550-600/year
Tumor Board Meeting	+	2 x/ a week Tumor Board Meeting
Integrated Care	+	+
Management Information System Support	+	+
Integrated Medical Record System Support	+	+
Monitoring System	+	+

BOUTIQUE HOSPITAL CONCEPT

- Fokus → Meet the specific (consumer) need.
- Slim organization, more efficient & cost-effective.
- Safe Investment (no unnecessary investment/expense)
- Optimal communication → TQM automatically and optimally done.
- Transparent & Accountable → **certainty**.
- More personal (human touch).
- Continues improvement of skill & knowledge (Feed Back) of the medical team.
- Adaptive & flexible in size.
- Management information system simpler
- Surveillance epidemiology.

ONE STOP SHOPPING CONCEPT

(Carve out Organization)

- **Comprehensive :**
All procedures are carried out in one control system (RSOS except radiotherapy) → **Coordinated Care → Effective.**
- **Multidisciplinary approach :**
The team involves since the beginning, “sitting together” to make decision (Tuesday & Friday Coffee Morning) ~ **EBM**
- **Integrated care :**
The delivery system is based on “patient focus care” → **Efficient**

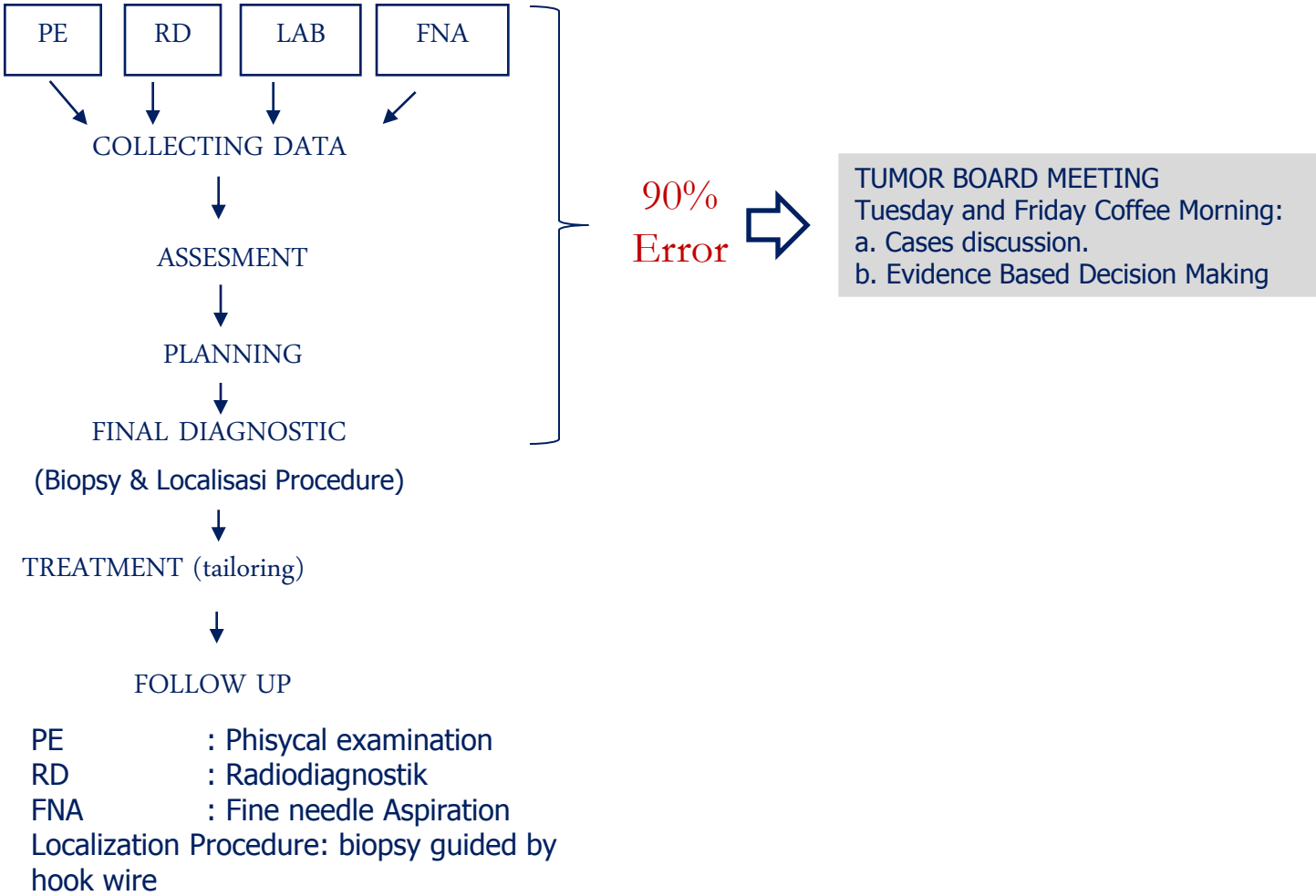


Brand

**Quality
Price
Delivery**

RSOS

ZERO DEFECT PROGRAM



The key of the treatment lies in the accurate diagnose

BEST PRACTICE

RSOS, the **best**
place for learning process

Patient Safety

Search Evidence

Critical appraisal

Patient Circumstance

Patient Sovereign

Tumor Board meeting
Tuesday and Friday Coffee Morning



Best team player
Evidence based decision
Communication effective
Critical Appraisal & Ethics Monitor
Improving clinical practice

COLOR

ACADEMIC

Konsep *Boutique Hospital*, Sebuah Pilihan dalam Penanganan Kanker di Indonesia (Tata Laksana Penanganan Kanker Payudara Terpadu di Rumah Sakit Onkologi Surabaya, Sebuah Ilustrasi)

SRI REDJEKI A¹, LIES MARDIYANA¹, ANGGRAHENY¹, SINDRAWATI², AMI ASHARIATI³, M SARIYANTO⁴, AGUS SETYANA⁴, ISKANDAR ALI⁵, WIWIEN RISTANTO⁵, ARIO DJATMIKO⁵
(Tim Medik RSOS: ¹Ahli Radiologi, ²Ahli Patologi, ³Ahli Hematologi-Onkologi, ⁴Ahli Anestesi, ⁵Ahli Bedah), RS Onkologi Surabaya

Volume III • No. 2 • April - Juni 2009

**INDONESIAN
JOURNAL OF CANCER**
NATIONAL CANCER CENTER



Indonesian
Journal of Cancer

Published by "Dharmais" Cancer Hospital Jakarta

RSOS is first Breast Centre in Indonesia

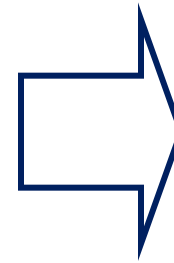
HOSPITAL	New Breast Cancer patients per year			
	2012	2013	2014	2015
RS Dr Soetomo	261	264		
RSK Dharmas	360			
UMMC	250			
RSOS	469	526	561	585
NUH (Spore)	300-350			
UNHAS	160			

QUALITY.....WHAT IS ALL ABOUT?

PRODUCT QUALITY : **WHAT** DO YOU GET
SERVICES QUALITY : **HOW** DO YOU GET

WHAT IS A STANDARD QUALITY?

- What have to be measured ?
- How can we measure it ?
- Who is the assessor (qualification) ?
- What is the methodology used ?
- How can we improve or maintain the quality of the services ?



THE KEY POINT

The technology, (**man, method, material**) must be validated first, and there must be regular internal and external quality control and quality assurance procedures

Standard quality is dynamic measurement, which have to be continue evaluated.

RSOS: validity test and log book report, every 6 month.

Standard Surgical Performance at RSOS

	MRM	BCT / LD FLAP	TRAMP	MRM + TISSUE EXPANDER
Duration	90-120 min	2 hours	4 – 5 hours	120 min
Bleeding	< 100 cc	< 150 cc	<250 cc	< 100 cc
Length of stay	24 hours	24 hours	< 3 x 24 hours	24 hours
Infection	0	0	0	0
Drain off	10-14 days	7-10 days	7-10 days	10-14 days

INTERNATIONAL CERTIFICATION



dr. Wiwien R. Pratiwi, SpB
Breast Surgeon Dusseldorf, 2013
European Masterclass of Senology

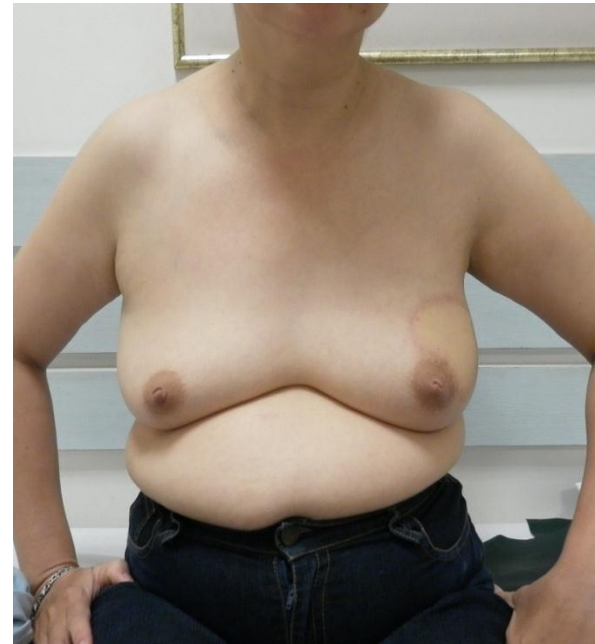


dr. Jacobus Octovianus, SpB
Breast Surgeon Dusseldorf, 2015
European Masterclass of Senology

No Reconstruction without Best
Esthetic Result
COMPETENCY MATTER

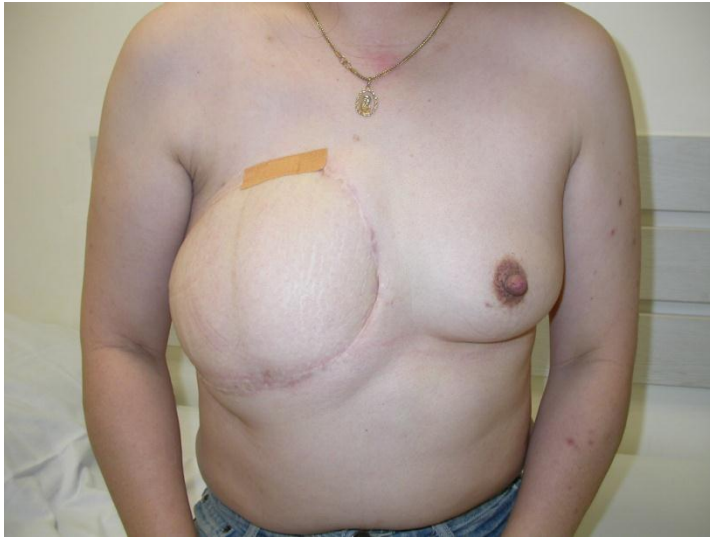


RS Luar



Breast Surgeon RSOS

No Reconstruction without Best
Esthetic Result
COMPETENCY MATTER

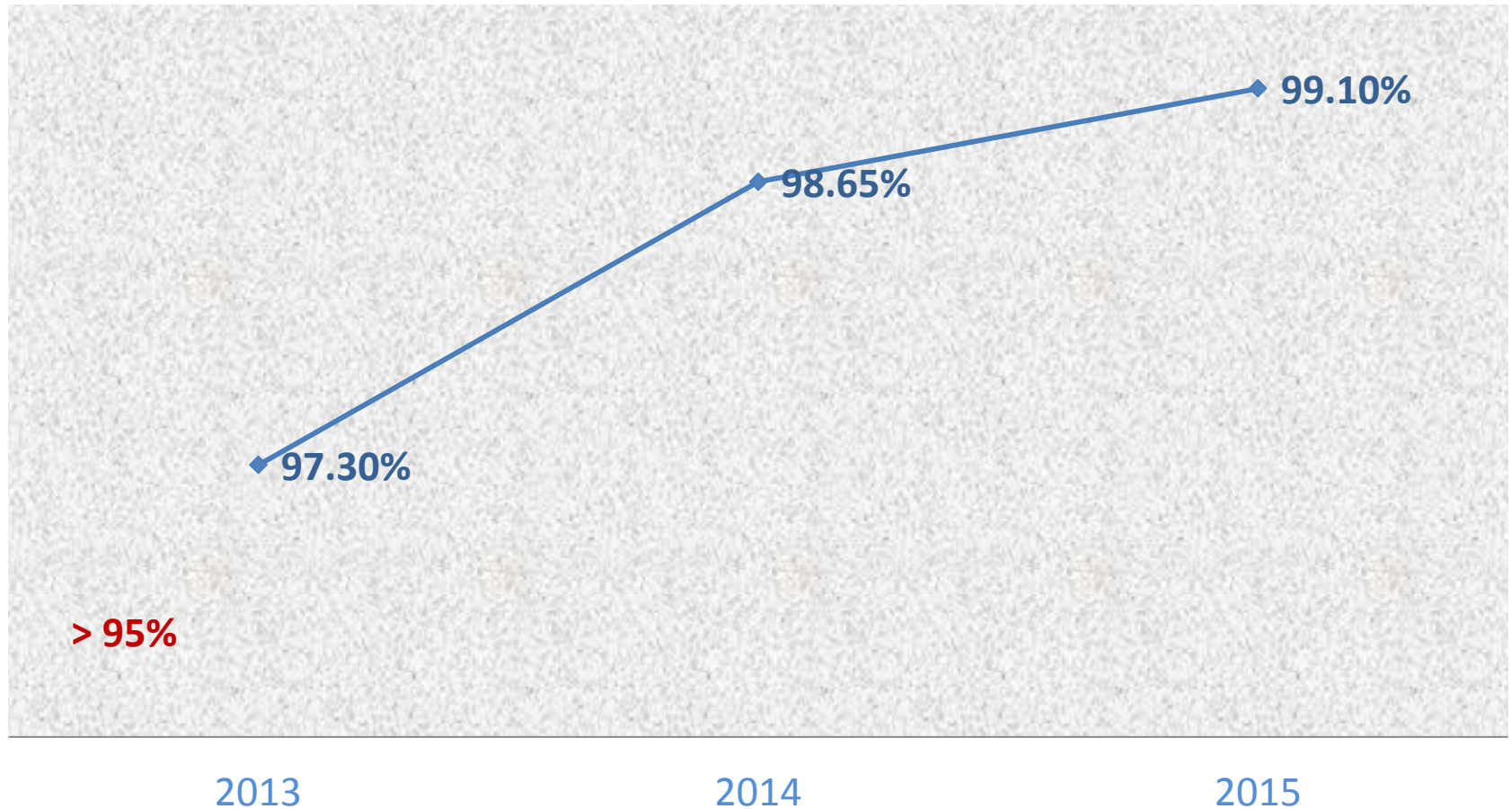


RS Luar

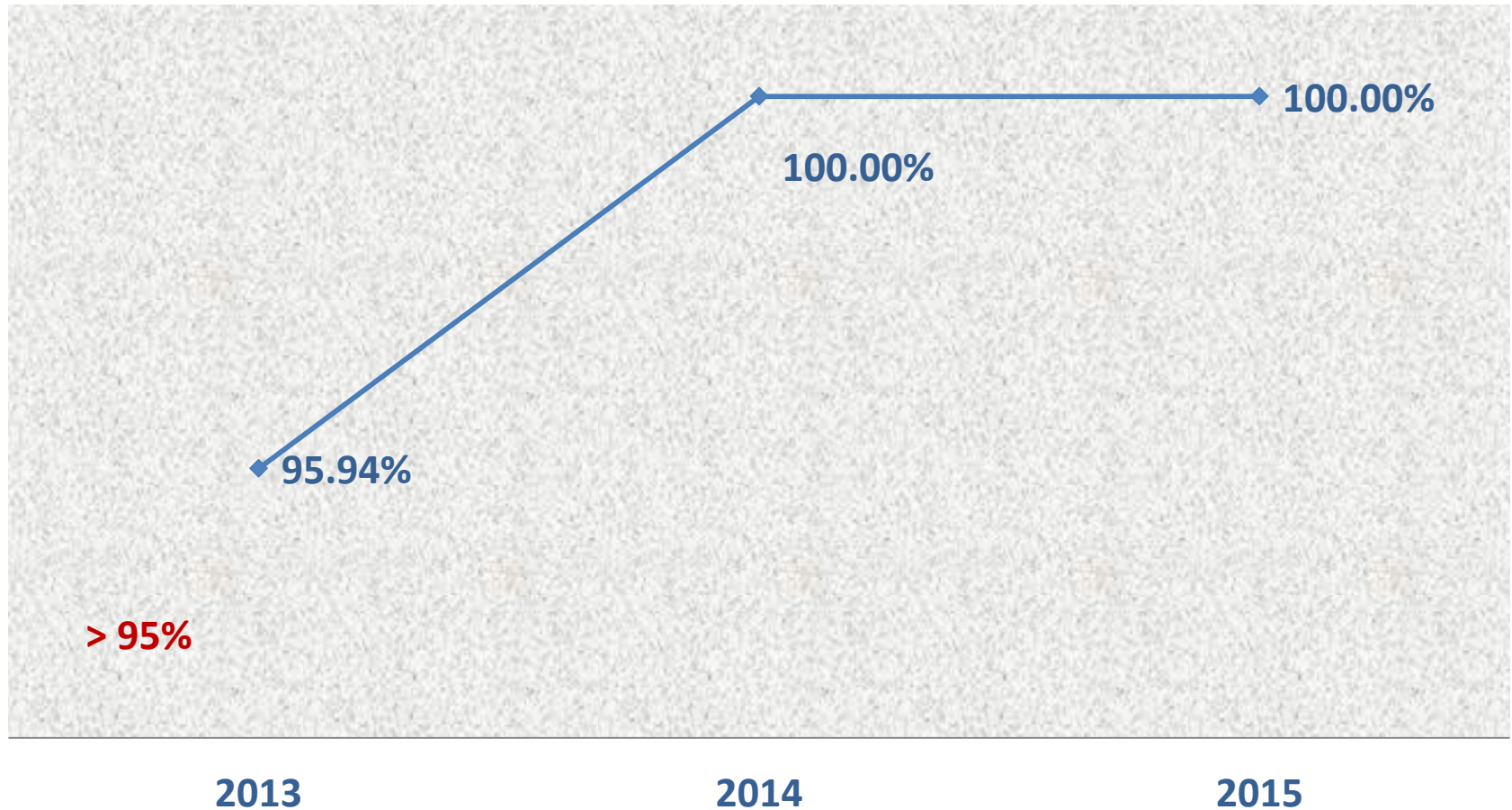


Breast RSOS

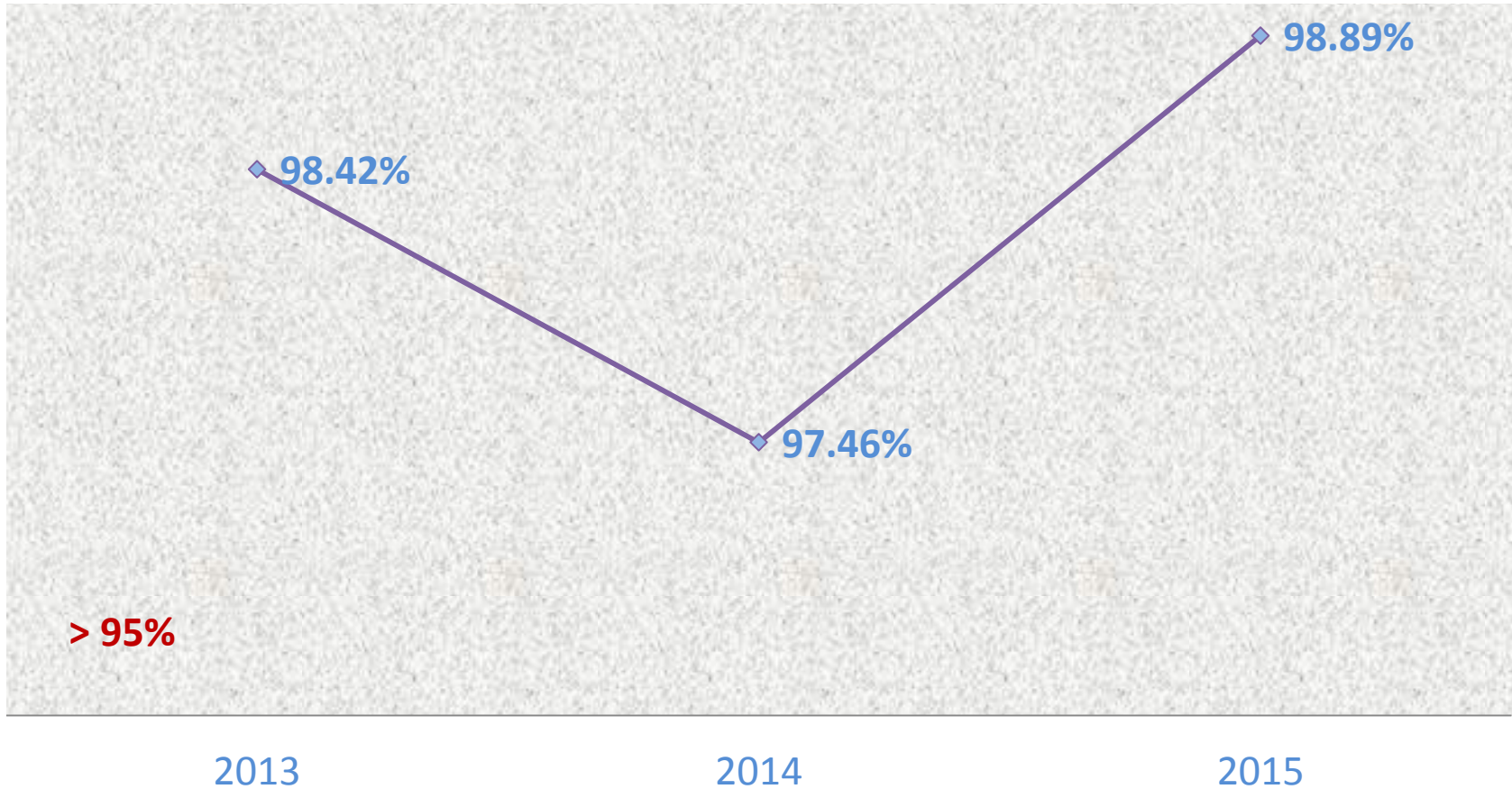
Sensitifitas USG Terhadap PA



Sensitifitas Mammografi Terhadap PA



Sensitifitas FNA Terhadap PA

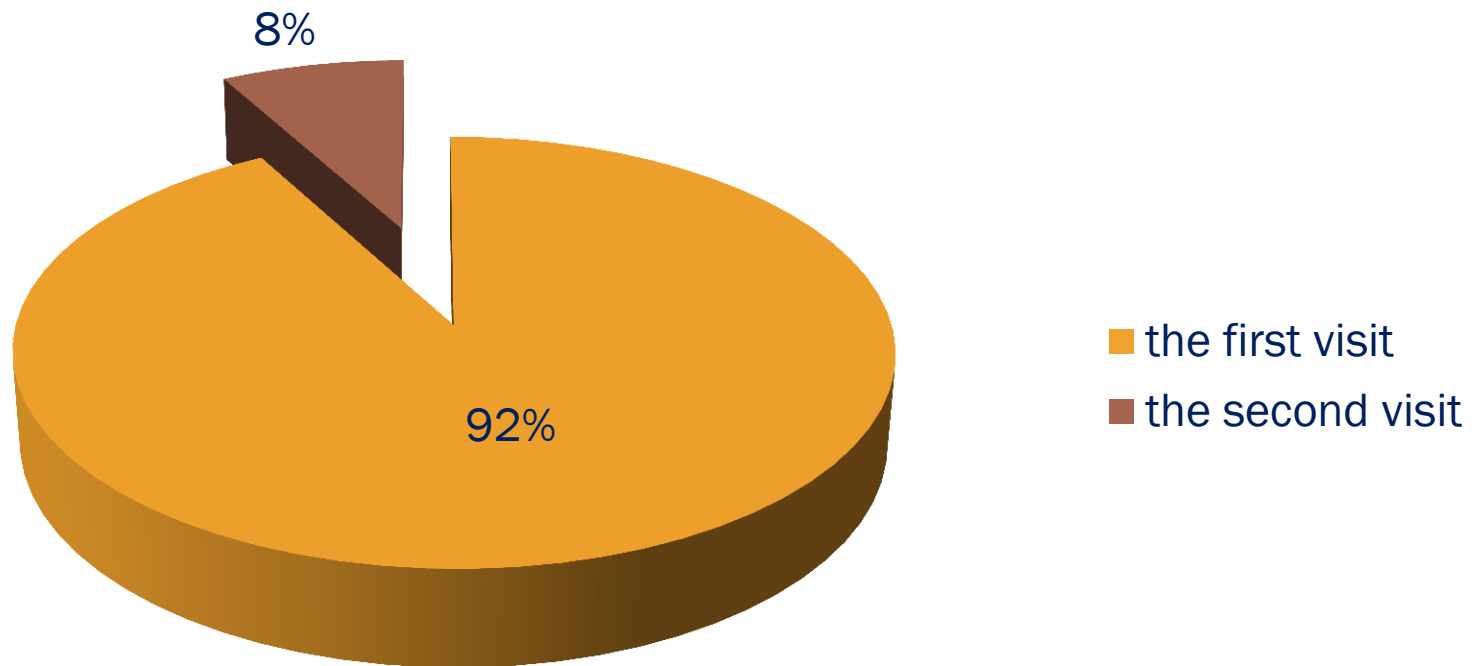


Patologi	Sensitifitas (2015)	Spesifisitas (2015)
FNA/HPA	99,0%	100%
VC Pre/Post	97,7%	100%
IOC Pre/Post	94,7%	100%

Radiologi	Sensitifitas (2015)	Spesifisitas (2015)
USG/HPA	98,6%	98,9%
Mammografi/HPA	98,9%	94,2%

- Respond Time PA
 - Histopathology/ HPA : 5 work days
 - Immuno-histo Ch / IHC : 5 work days
- Tissue Journey
< 30 minute, (RSOS < 10 minute)

DIAGNOSTIC RESPONSE TIME (2014-2015)



DIAGNOSTIC PROCEDURE < 4 JAM

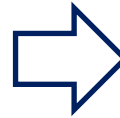
“STRATEGY”

STANDARDIZATION
is the minimal requirement
for competition

Strategy is all about perceptions
the battleground is in **mind**



Unique **S**elling **P**reposition



POSITIONING
DIFFERENTIATION
BRAND



Value for Money
High Quality & Affordable

Terima kasih