- **PROJECTTOTALCOST : 250,000,000 USD**
- **PROJECT OWNER : WECARE HOLDINGS AND HEALTHCARE BERHAD (1464603-K)**

Project Summary

Location: Lukut, Port Dickson, Malaysia
Project cost: USD 250 million
Net revenue (10 years of operations): USD 425 million

Project Background:

WECARE INTERNATIONAL MEDI CITY (WIMC) will be an undertaking of WECARE HOLDINGS AND HEALTHCARE BERHAD a company incorporated in Malaysia. WIMC will build a 500 bed state of the art modern medical center in Lukut. The new medical center will offer patients the most innovative diagnostic and treatments with the most advanced technologies available in world.
The plan is to build a new world class state of the art Adult Hospital, Children Hospital, Medical School, Nursing Home in the city Lukut situated near Seremban in Malaysia named Wecare International Medi City (WIMC). WIMC will include 500 beds in three inpatient towers, an emergency room and trauma center, an ambulatory care building (ACB), a diagnostic and treatment building, and support structures. SIHH will provide high quality patient care and a setting that supports health professions education and research.

The plan includes building SIHH with 1.5 million square feet and with the following program elements:

Three (3)-inpatient bed towers (250,660 square feet)
An Ambulatory Care Building (ACB, with 157,600 square feet)
A Diagnostic and Treatment Building (460,900 square feet)
Structured Parking (539,700 square feet)
A Utility Building (90,000 square feet)
The project will cost $250 million USD, to be financed.

Business Plan for Synergy International Healthcare Hospital

Executive Summary

Wecare International Medi City (WIMC) proposed to build a 500 bed state of the art modern medical center in Lukut. The new medical center will offer patients the most innovative diagnoses and treatments with the most advanced technologies available in the world. The medical center will provide a safe and compassionate resort environment to care for patients. Our patients will be among the first to benefit from this advanced treatments and technology since WIMC will be fully equipped with the most modern and advanced medical equipment, the first of its kind in the region.

The medical center will be providing all the essential health services required for all ages. Beyond the medical field, our patients will enjoy first class-service, in a 5 star hotel ambiance with spacious furnished private rooms for each patient, suites, and impressive waiting areas…etc We will provide the best environment to relax and heal. Our patients will have access to digital entertainment, including satellite TV and Internet access.

WIMC will include 50 ICU/CCU beds, surgical beds, specialty beds for cancer and cardiovascular diseases, NICU beds, where patients will be monitored in private rooms with the most advanced technology, with a one on one nurse ratios. WIMC will also dedicate a specific ward for patients undergoing ambulatory and day surgeries. Fully equipped emergency room services and urgent care will also be provided at the hospital.

WIMC will house all the specialty branches and will offer a film-less digital medical imaging environment. WIMC will be equipped the most modern Operating Theaters in the world complemented by advanced laparoscopy and Robotic Surgery.WIMC will plan for Modern Digitised Operation Room and will provide real time tele-heath facilities.

video tele- conferencing from any Operating Theater with the main auditorium and able to be connected globally.

WIMC will also ensure that its patients receive the friendliest and most attentive service. We recognize the importance the sense of well being in promoting recovery. We welcome visitors, who are an important part of the healing process, 24 hours a day, and 7 days a week.

WIMC will provide Cafeteria that will be made available for long hours within the WIMC complex Vicinity. as well as a gift shop.

WIMC will establish a world-class 5 star hotel for the Visitors comfort if they are coming from outstations or Overseas.

The medical center will be planned and designed as per MSQH standards.

The project plan for Wecare International Medi City at Lukut

The plan is to build a new world class state of the art Adult Hospital, Children Hospital, Medical School, Nursing Home in LUKUT named Wecare International Medi City. WIMC will include 500 beds in three inpatient towers, an emergency room and trauma center, an ambulatory care building (ACB), a diagnostic and treatment building, and support structures. WIMC will provide high quality patient care and a setting that supports health professional education and research.

The project will cost $250 million.

WIMC @ Lukut, Port Dickson

Distance to nearby Healthcare Facilities

New hospital to UCSI Hospital : 12 km

New hospital to PD Hospital : 23 km

New hospital to Nilai Cancer Institute (NCI) : 35 km – 54 km

New hospital to Hospital Tuanku Jaafar Seremban (state hospital) - 35 km

New hospital to Hospital TuankuAmpuanNajihah Kuala Pilah (Minor specialist Hospital) - 70 km

New hospital to Other Hospitals are Hospital Jelebu (70 km), Hospital Jempol (104 km) and Dan HospitalTampin (63 km).

Distance to Airport

New hospital to KLIA : 44 km – 80 km (Different routes)

Port Dickson Demography

Situated about 32 km from Seremban and 90 km from Kuala Lumpur and in the state of Negeri Sembilan.

2020 Population: 128,657

Area: 605.0 km²

Population Density : 212.7/km²

Surrounding Existing Healthcare Facilities:

UCSI Hospital:

UCSI Hospital was launched in March 2021 as a 130-bed facility that will eventually maximize its capacity at 1,000 beds.

Malaysia's first private teaching hospital

Specialities: A&E, Cardiology (future), Surgical, Nephrology (future) , O&G, Oncology (future), Orthopedics, Pediatrics, Imaging Radiology, Dietetics & Nutrition

PD Hospital:

Will be upgraded to 350 bed capacity

March 2004, Hospital Port Dickson was launched as a Teaching Hospital for International Medical University (IMU).

Table 1: WIMC Project Costs and Financing Sources ($ Millions)

Total Project Costs ($USD millions) $ 250

Total Financing Sources ($USD millions) $ 225 Source: Bank Loans For Humanitarian Purpose

What is the proposed Business Plan?

The Business Plan calls for the WIMC Board and Project Consultants and Coordinators, Department of Health and Hospitals, other state agencies, and other universities if required to precede a Memorandum of Understanding (MOU) and other required approvals. The plan is as follows:

- After a two-year construction period, WIMC will start in 2024. Clinical, education, and research activities will start to be provided in 2024 or 2025 as well
- WIMC will be managed by Wecare Holdings and Healthcare Berhard, not a non-profit organization. The WIMC Board will retain a CEO as contemplated by the MOU.
- WIMC will be the primary teaching and training hospital with affiliation to the concerned institutions or departments or universities.
- By implementing strategic plans, the 500 beds will reach targeted occupancy levels by 2022. These plans include: WIMC serving as a primary safety-net facility for patients, expanding inpatient psychiatric capacity to 60 beds, operating an emergency department. WIMC enhancing and building community ambulatory care programs and developing "destination programs" in identified specialties. WIMC also will participate actively in Malasia's Coordinated Care Networks.
- As a teaching hospital, WIMC will be home for health professions education programs training hundreds of students in multiple disciplines (physicians, nurses, allied health, and others). WIMC's clinical services will be more diverse (in terms of patient mix and specialties), enhancing the quality of training programs.
- WIMC also will be constructed to help Lukut and its surrounding region

respond to future natural disasters. The facility will be hardened to endure earthquake and flooding and will be operated with a mission to provide leadership in the event of disasters.

The project's principal benefits

This proposal's Business plan will have the following benefits.

- Help assure that Lukut's and surrounding regions' needs for well-trained health professionals are met. WIMC will enhance the educational experiences for trainees who benefit from exposure to diverse patient populations and clinical services.
- Enhance the stature of the country's medical schools, improving the ability of the schools to attract faculty, students, and research funds.
- Create immediate and longterm economic benefits through construction activities, employment at WIMC and associated enterprises, beside attracting of incremental research and grant funds.
- Encourage and support development of high quality, specialty health services that will contribute to the health of Malaysians.
- Yield a facility that will enhance public safety in the event of natural or man- made disasters.
- Provide greater financial stability and a governance change for the state's largest safety-net hospital provider, placing oversight of WIMC'S success in the hands of a fiduciary board composed of leading citizens.
- WIMC will encoverage Medical Tourism.

What risk factors will need to be monitored? Risk factors include:

- The cost implications of any delays in constructing the facilities, and the implications of changes in the availability or cost of project financing.
- Any inability to finance WIMC's initial and ongoing working capital needs. The implications of any inability of WIMC, JOHNS HOPKINS MEDICINE INTERNATIONAL (JHI), Tulane, Stanford Health System and/or other partners to reach agreement on the terms of affiliation agreements and the final terms and conditions of the Agreement finalized.
- Possible competitive responses to plans to develop "destination programs" at the WIMC by relocating and recruiting new faculty.

Table 1: WIMC Project Costs and Financing Sources ($ Millions)

Project Costs and Financing	
Total Project Costs ($ USD millions)	$ 250.00

Wecare Holdings and Healthcare Berhad-affiliated entity will facilitate the operations of WIMC for licenses.

What are the financial implications of the project for the state? The WIMC Business Plan includes financial projections that estimate the annual state support (unmatched State General Funds) that would be needed to assure that WIMC's financial requirements are met.

The estimates are based on numerous assumptions that have been reviewed by the WIMC Board and its advisors, including future volumes, public and private reimbursement rates, availability of Insurance Disproportionate Share Hospital and Upper Payment Limit funds, WIMC staffing levels, the amount of professional fees WIMC will pay for the services of Project Consultants and Coordinators, lease terms for the ACB and equipment, and various expense inflation factors.

Introduction

This document describes the Business Plan to develop a new Academic Medical Center (AMC) The AMC will be named "Wecare International Medi City" (WIMC) andwill be managed by "Wecare Holdings and Healthcare Berhard", a not non- profit corporation.

This document discusses current plans to:

- ✓ Finance construction, equipment, and initial working capital needs for WIMC.
- ✓ Seek and hire executive management for WIMC.
- ✓ Develop faculty medical staff and clinical programs that would enable provision ofhigh quality patient care and generation of associated patient revenue to support WIMC operating costs.
- ✓ Establish WIMC as an organization that will play a major role in health professionseducation and research.
- ✓ Ensure that WIMC incorporates design features that allow it to play an important role in protecting the public in the event of future natural or man-made disasters.
- ✓ The Business Plan also provides utilization/volume and financial projections forWIMC.
- ✓ The financial projections estimate the range of annual revenue of WHHB tosupport WIMC will need to fund its financial requirements.

The following key questions are addressed:

- ✓ What is the project plan for WIMC
- ✓ What alternatives have been considered for the proposed project? What are theimplications of these alternatives? Which alternative is preferred?
- ✓ What is the plan for WIMC's executive management, clinical and medical staff development, health professions education and research, and role in public safety?
- ✓ What are the financial implications of the project for the state of Lukut and its surrounding regions?
- ✓ How will the project enhance the stature of the state's existing medical schools?
- ✓ What other benefits reasonably should be anticipated?
- ✓ What risk factors should be monitored?
- ✓ What are the next steps?

Memorandum of Understanding

The Business Plan adheres to the vision for the AMC described in a Memorandum of Understanding (MOU) to be signed between the Project Coordinators, Department of Health and Hospitals Malaysia. The MOU describes the need for an AMC that:

- Helps to address physician shortages in the Region and Globally, Currently the Ukraine war create a Vacuum for Healthcare Training.
- Enhances the competitiveness of the state's academic and training programs so that Lukut can attract "the most talented faculty, students, residents and other medical professionals,"
- Can leverage the research capabilities of public and private entities across the state, Will continue to play a central role in providing services to the uninsured and tertiary services that are difficult to sustain in community hospital settings,
- Will operate as a major affiliate of reputed University and as part of the Project Coordinator and will serve as a teaching affiliate, and Will have other university affiliations as approved by the WIMC Board. The MOU further specifies that building the AMC is not to impede the state's constitutional debt ceiling and will minimize financial exposure to Malaysia taxpayers.

The WIMC Board is to employ a qualified Chief Executive Officer, responsible only to the Board. The Board also is to establish graduate medical education contracts according to the MOU (affiliation agreements) with Project Coordinators, without discrimination.

As a key component of the Project Coordinators, the AMC is to participate in mutually beneficial academic, clinical, and business operations, including Project Coordinators wide information technology, supply chain, and disease management initiatives.

The Proposed Project

Pursuant to the MOU, planning has been underway to construct a new 500-bed facility in Lukut. Clinical, education, and research activities now being provided at the Interim Project Coordinators and other activities that were displaced by National Disasters, will be transferred to the new University Medical Center. The land will be acquired by Wecare Holdings and Healthcare Berhard and/or its JV partners.

The plan includes building WIMC with 1.5 million square feet and with the following program elements:

- ✓ Three (3)-inpatient bed towers (250,660 square feet)
- ✓ An Ambulatory Care Building (ACB, with 157,600 square feet)
- ✓ A Diagnostic and Treatment Building (460,900 square feet)
- ✓ Structured Parking (539,700 square feet)
- ✓ A Utility Building (90,000 square feet)

The project will cost $250 million USD, to be financed.

The total project cost is reduced from the originally estimated $300 million USD to $250million USD

Land acquisition with necessary approached to build Medical city will cost $ 115 million.

Construction would last 24 months. The new AMC would be operational as of June 2024 (the WIMC fiscal year 2024). Project construction and equipment costs would be financedas follows:

Construction costs of $ 35 million for the Ambulatory Care Building would be financed first. Through a lease structure, WIMC would agree to reimburse that entity for the annual carrying costs of this financing (current estimated to require a cost of funds of anagreed percentage per annum).

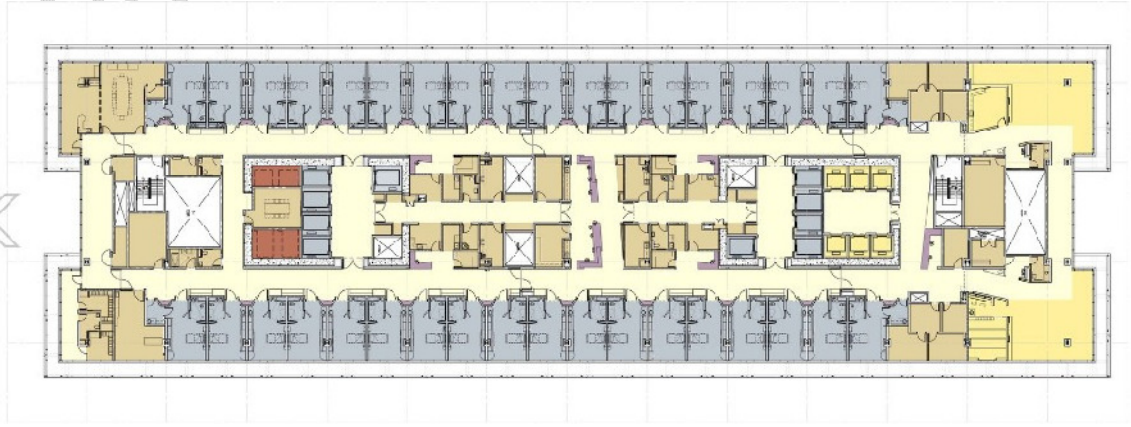
Multistoried parking ($ 5 million USD).
Approximately $90 million USD of medical equipment would be lease-purchased WIMC's initial working capital will be needed, including a possible line of credit or thepossible transfer of working capital from the WIMC.

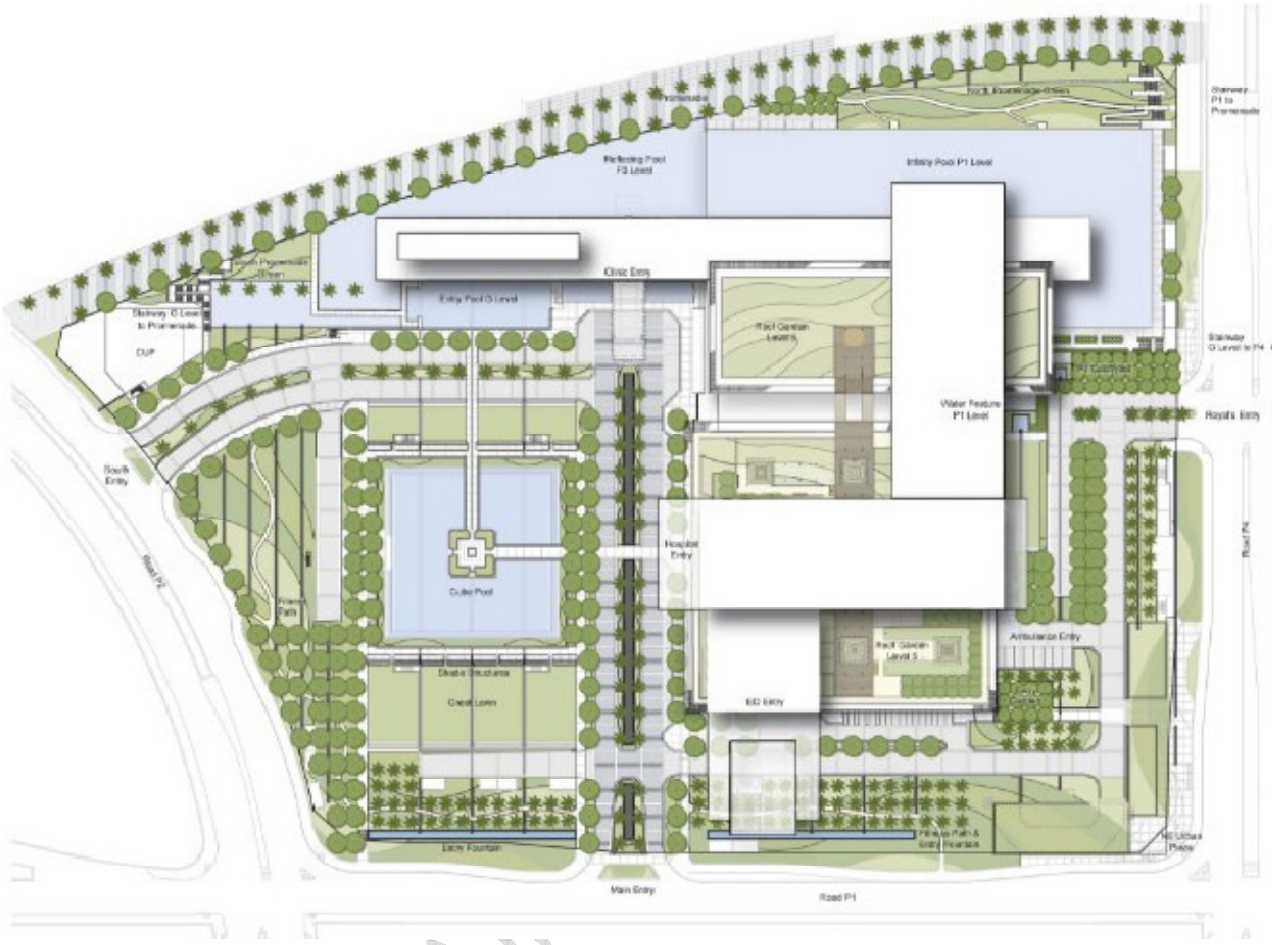
Project Alternatives

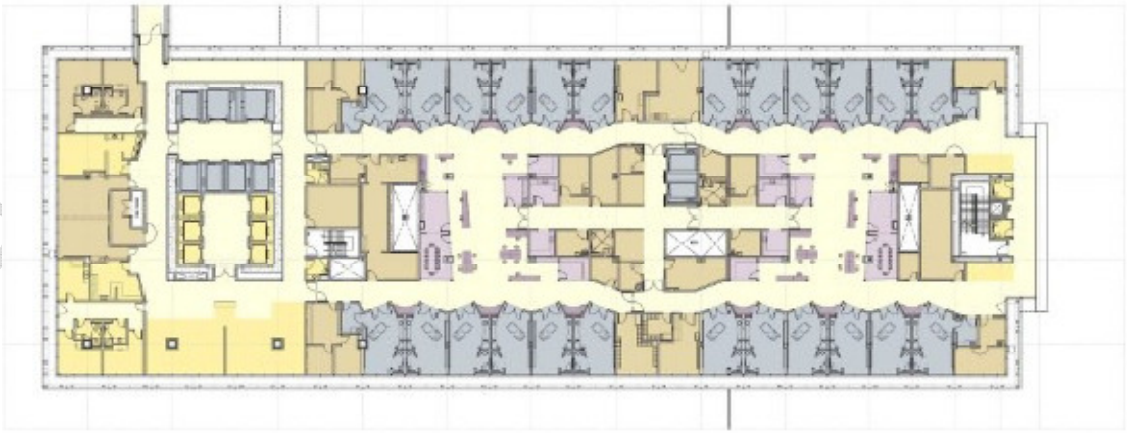
500-Bed Academic Medical Center. Until mid-2024, planning for the new AMC focused on a 500 bed facility. Assumptions regarding the area's and surrounding areas' population and the AMC's lengths of stay and market shares were adjusted, yielding a final bed size of 500 beds (including 60 psychiatric).

Building a Small Research Hospital. Some advocated a small research hospital; however, the WIMC experience has indicated that such a hospital would not fully meet patient care or educational needs.

Building a 250-Bed Hospital. A significant deviation from the MOU and one that would entail a number of new complex assumptions, this option was dismissed.




Promenade
Infinity Pool P1 Level
Water Feature P1 Level
Cube Pool
Great Lawn
Main Entry
Road P1



Business Plan

The Business Plan for WIMC includes hiring executive management; negotiating and executing several agreements that would further specify the roles and responsibilities of Project Coordinators, WIMC, the state, and other parties vital to the AMC's success; developing WIMC's medical staff and clinical programs; continuing to build health professions education and research programs; and assuring that WIMC plays a meaningful role in the event of natural or man-made disasters.

Executive Management

Pursuant to the MOU, the WIMC Board is to hire an experienced Chief Executive Officer who will report solely to the Board. The Board is to engage in a procurement process to identify hospital management firms or persons with "documented successful experience in the operation of sophisticated academic and research-oriented health care institutions." Success is defined as achieving "financial and clinical outcomes in institutions operating in competitive environments with significant uninsured populations while also maintaining credible research and training programs."

The WIMC Board plans to initiate a search or RFP process for the CEO/management firm well in a timely manner.

Non-Profit Corporate Structure and Governance

For decades, public hospitals have served as safety-net health care facilities for poor and indigent populations. A trend has emerged as these hospitals and health systems have recognized that operating under a private non-profit governance structure can enhance their performance.

These health systems underline the value of governance change for the Academic

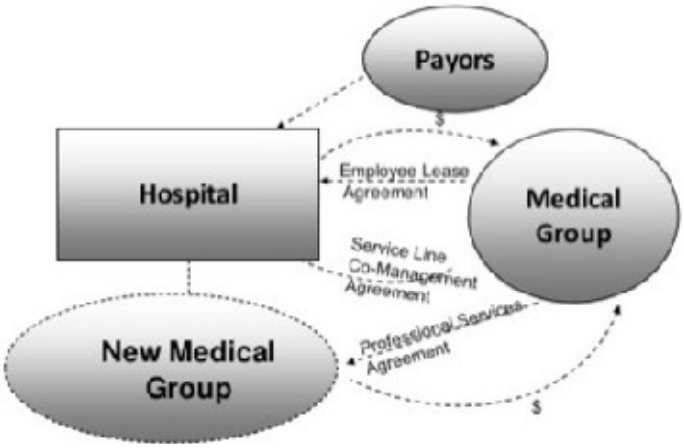
Medical Center. Through all of these transitions, these hospitals have maintained their safety-net mission and continue to serve people of all payers, including the uninsured. They have done so while improving their management effectiveness, depoliticizing their governance structures, and strengthening their financial performance.

Agreements

The MOU specifies that the Government (through the Division of Administration and the Department of Health and Hospitals) is to continue funding the cost of services provided by WIMC to the uninsured, subject to funding by the Legislature, which the relevant state of Lukut administrative departments will take reasonable steps to obtain.

The Business Plan also calls for WIMC to enter into several agreements necessary to provide for facility financing and to assure that WIMC has the needed support of its academic partners. These agreements include the following:

- Affiliation agreements between WIMC and medical schools (under which ProjectCoordinators would provide services of medical school faculty members),
- Services Agreement between Project Coordinators and WIMC (for other staff, asneeded), and



Clinical and Medical Staff Program Development

The WIMC medical staff will be comprised of faculty from the Project Coordinators. We will have a medical staff of 760 representing a range of disciplines from primary care to medical and surgical subspecialties. The Business Plan calls for thoughtful and strategic expansion of physicians and mid-level providers to meet the needs of WIMC and its patients. Plans call for at least 62 new faculty to be recruited over the next few years.

We will sponsors and support residents in 30 different specialties. Faculty supervision is provided based on standardized ratios of faculty to residents as defined by the respective Residency Review Committees of the Accreditation Council for Graduate Medical Education. The current ratio of residents to beds in WIMC is 1.12. Because most AMCs have 0.7 to 0.8 residents per bed, capacity for increased patient care exists within WIMC's future clinical staffing model.

In addition to the physician services directly supported by WIMC, the Project Coordinator's School of Medicine has a not-for-profit faculty practice plan, the Project Coordinator healthcare Network, which provides services to WIMC on a contractual basis and which also has active practices (outpatient and inpatient) at non-WIMC sites.

Project Coordinators plans to consolidate existing practices at WIMC and to develop new ones, so that the AMC can continue providing the current array of services at WIMC, maintain its safety net mission, diversify its programs and payer mix, become regionally competitive for clinical services, and achieve its academic mission.

Recruitment strategies include focusing on trainees who are known to remain in the area where they have trained to pursue their careers. Because faculty will

spend several years with each of these trainees, opportunities are available to identify desired recruits and to target them for retention at WIMC. The schools thus have a distinct advantage in recruiting the best local trainees to become members of the WIMC medical staff and to participate in practice plans.

WIMC's clinical staff also will grow because Project Coordinators also will be adding nurse practitioners and physician assistants to its faculty practice plan. At present there are 150 nurse practitioner students in the Project Coordinator's School of Nursing. Project Coordinators will start a new Physician Assistant program in our affiliated School of Allied Health, enrolling 40-60 students a year. These two programs will provide a ready source of additional providers that will enhance cost-effective patient access to care and contribute to clinical services growth.

To support the growth of the Project Coordinators faculty practice plan and the development of targeted destination programs, the WIMC has committed to working in conjunction with the Dean of the Project Coordinator School of Medicine to support recruitment and program development around these programs. The Business Plan for clinical program growth and medical staff development is multi- faceted, and calls for the following strategic initiatives:

Community Ambulatory Care Initiatives

- ✓ **Developing new community based clinics.** The WIMC will be developing new clinics throughout Lukut. Monthly clinic visits will create more business. A second new offsite medical home, the Gyumri Clinic will serve about 400 patients per month. A new "Access to Primary Care" clinic will help discharged patients access primary care clinics after discharge from the hospital. In its first year of operation, this clinic will be seeing over 800 persons a month.

- ✓ **Relationships with existing primary care clinics and community providers.** WIMC will be developing and strengthening relationships with Lukut's Qualified Health Centers and other primary care clinics.

- ✓ **WIMC Community Medicine Partnership Program.** A new inpatient service will be developed at WIMC will be staffed by physicians who have a mandate to share clinical information with community primary care providers and thereby facilitate follow up with these providers in a timely manner. These relationships have been formed with WIMC through a formal community medicine partnership program with 6 primary care community clinics to improve communication and ease of access. The program has increased referrals to WIMC for specialty care. The relationships are sustainable and will continue after WIMC opens.

- ✓ **WIMC Health Care Network Director of Community Health Clinics.** The WIMC affiliated School of Medicine recently will hire a Director of Community Health Clinics for the WIMC Health Care Network. The director will entail developing an WIMC network of primary care health clinics. This network of clinics will be developed as medical homes to serve a larger primary care patient base and to enhance the WIMC educational programs and outcomes research.

- ✓ **New Project Coordinators-affiliated Clinic Sites.** Project Coordinators, in conjunction with the WIMC will start a new clinic on the campus of the foundation's new housing development. The site will provide primary care medical and dental care to a population of nearly 8,000 residents through a mobile health unit.

- ✓ **Demonstrating to payers the benefits of medical homes and electronic health records.** WIMC will be the first provider in the state of Seremban to achieve NCQA certified Medical Home designation for its outpatient clinics. It will invest of nearly $50 million in its implementation of a statewide electronic health

record will provide WIMC with the management tools necessary to improve its ability to deliver upon the payer expectations of efficient care with high quality outcomes for large patient groups.

Current Program Expansions

- ✓ **Telemedicine referrals.** WIMC will contract with the Project Coordinators School of Medicine to develop a specialty telemedicine clinic designed to decrease clinic and emergency department visits by patients from rural areas. The program has reduced far away patient's visits to the hospital. WIMC intends to expand the program to benefit community and rural patients across the state, contributing to increased referrals to WIMC.

- ✓ **Expansion of Inpatient Psychiatry Services.** The inpatient psychiatry program will consist of 20 mental health emergency room extension beds and 35 acute inpatient beds. These units are staffed by Project Coordinators Department of Psychiatry faculty and residents. There is a widely acknowledged demand for inpatient psychiatric beds in Lukut. Additional psychiatrists will be recruited to assist with the expanded services.

- ✓ **Radiology and Pathology Expansion.** The Business Plan calls for faculty members to be recruited to support overall WIMC patient care needs, respond to growing demand for interventional radiology services, and accommodate growing reliance on the pathology lab for reference testing by Project Coordinators facilities across Lukut. These recruitments are planned to be accomplished through the WIMC affiliate School of Medicine.

- ✓ **Expanded Emergency Department, Level 1 Trauma Center, and Urgent Care Services.** The new WIMC facility is being developed to accommodate a substantially greater volume of emergency department visits than is possible at

the WIMC. The WIMC ED will be staffed by a private emergency medicine group. The group provides faculty supervision for the Project Coordinators Emergency Medicine Residency training program at the WIMC.

- ✓ **Hospitalist recruitment.** The Business Plan calls for hiring a number of hospitalists that will provide inpatient services (including staff supervision) at the WIMC. This model will help assure that trainees at WIMC experience and emerging care practices while also helping WIMC achieve clinical efficiencies in an academic environment.

Destination Programs

- ✓ **Destination programs planned for WIMC.** The Business Plan assumes that affiliation and services agreements between WIMC and Project Coordinators will be negotiated successfully. With those agreements in hand, Project Coordinators would work diligently to repatriate and expand several existing services being performed by Project Coordinator faculty primarily at other hospitals in the region. WIMC has identified 4 specific areas for development. The Business Plan for WIMC includes an increase of over 2,200 annual inpatient admissions of patients with health insurance (other than Insurance) that will come from these existing Project Coordinators faculty programs that relocate to WIMC. The firm hired by Project Coordinators to prepare a feasibility study/debt capacity analysis.

- ✓ **New and Expanded Destination Programs.** In addition to existing programs targeted for repatriation to WIMC, a number of new or expanded programs have been identified for development. Project Coordinator's analysis indicates that upon maturity, these programs should yield an additional 1,150 annual admissions to WIMC.

- ✓ **Other Planned Recruitments: A** number of other specific recruitments are planned by the Project Coordinator's School of Medicine to support the programs described above and provide additional clinical volume.

Elimination/Reduction of Capacity Constraints. The Business Plan also indicates that volume and staffing projections for the WIMC should anticipate the impacts of reducing clinic wait times, the ability to accept transfers from Project Coordinators facilities that could not be accommodated due to WIMC capacity constraints, cancellation of elective admissions for the same reasons, and the effects of an expanded emergency department. For example, More than 100 cases will be transferred from hospitals other than WIMC.

For the emergency department at WIMC, the Business Plan for WIMC provides for emergency department and an additional "urgent care clinic" visits (emergency department visits redirected to an urgent care clinic).

Plan for Participation in CCN/Insurance Managed Care

As a major provider of Insurance services throughout Lukut, WIMC intend to be active participants the state's Coordinated Care Networks (CCN) providing insurance managed care. A large component of the clinical training is conducted in the context of providing services to insured recipients, significant cost at the WIMC for Graduate Medical Education funding is reimbursed through Insurance, and Insurance will be the hospital's largest third-party payer.

WIMC's and Project Coordinator's participation is important to the Insurance program as well. Project Coordinator physicians (particularly specialty physicians) are a dependable source of services for Insurance recipients. Therefore, there is a mutual interest in Project Coordinators and WIMC successfully participating in the Insurance program.

The program presents some new challenges for Project Coordinators. Most were addressed by the state in the development of the program.

Project Coordinators and the WIMC will be developing and enhancing its integrated network of care, chronic disease management programs, and electronic medical record systems. These programs and systems have been put into place so that WIMC and its medical staff will be attractive to the plans and will help meet the state's Insurance managed care program goals.

Health Professions Education

The Business Plan recognizes that, as stated in the MOU, "75% of the parishes in Lukut are currently designated as a Health Professionals Shortage Areas." The challenges associated with a comparative undersupply of health professionals were highlighted in January 2020 when Lukut was found to have one of the highest "access challenge index scores" in the nation. The index measures the readiness of each state for the anticipated greater demand for primary care services associated with upcoming Insurance expansions.

Charity Hospital was known for the quality of its training programs. The Business Plan calls for building on these historical strengths while also developing a world class Academic Medical Center. Such an AMC is envisioned to yield many benefits associated with academic medicine.

The MOU specifies several requirements for WIMC's bylaws, including the following: "The Corporation has, as a principal purpose, the support of programs, facilities and research and educational opportunities, and the Corporation will, at all times, adhere to the intent of the statute to support the education and research mission of Project Coordinators while also recognizes

the significance of the education and research mission of Tulane and other affiliated academic institutions. The WIMC is a key component of the Project Coordinators and as such will participate in mutually beneficial academic, clinical and business operations."

The parties to the MOU share a vision that involves transforming the new Hospital model into that of a modern Academic Medical Center that embraces its mission to serve the uninsured and underinsured and also provides specialized care for the benefit of the entire population. This will be done in the context of robust health professions education and research programs that serve the health needs of those receiving care at the AMC while training a health care workforce for Lukut.

WIMC Training Programs

Table 4 portrays the WIMC training programs that will house at the WIMC and that willdepend on WIMC for their long-term stability.

Table 4: Summary of WIMC Programs Training at New Hospital

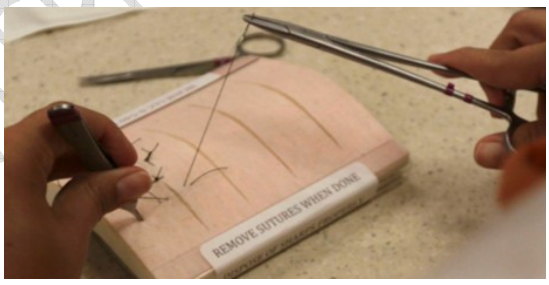
Total Trainees and/or Graduates 2024-25	
School of Nursing	
Bachelor of Science in Nursing	196
Master of Nursing / Master of Science in Nursing	74
Doctor of Nursing Science	2
Total	272
School of Medicine	
MD Degree	166
Total Residents in Training (2025 graduates approximately 130)	450
Total Fellows in Training (2025 graduates approximately 35)	86
Total	702
School of Dentistry (Average number of graduates per year)	
Dentistry (DDS)	60
Dental Hygiene	42
Dental Laboratory Technology	10
Advanced Dental Education Programs	34
Total	146
School of Public Health (total graduates)	
Physicians	38
Residents	15
Medical students	8
Total	61
School of Allied Health	
Cardiopulmonary Science	13
Speech - Language Pathology	17
Audiology	7
Clinical Laboratory Science (Medical Technology)	26
Occupational Therapy	31
Physical Therapy	39
Rehabilitative Counseling	12
Total	145

WIMC will be very important to the ongoing success of these clinical training programs.

School of Nursing. Eighty percent of WIMC School of Nursing trainees will rely on WIMCas their primary training site.

School of Medicine. All WIMC students and residents will train at the new facility. The number relying on the new facility will be increased, limited only by the size of the hospital. This will be the primary training site for most of WIMC's residencies and fellowships. Data show retention of graduates in Lukut for training tracks very closely with student attitudes about their primary teaching site The new hospital is anticipated to be a major factor in enhancing student retention, thus keeping those students in whom Lukut has invested.

Furthermore, medical students who elect to complete their residency at WIMC are far more likely to stay in Lukut to practice.



School of Dentistry. WIMC will strongly enhance the education of dental students and residents and the quality of care provided to all WIMC patients. The importance of quality oral health in the context of quality overall health is well recognized. Cross pollination between the various disciplines of the health care team will be facilitated greatly by this modern facility and its planned focus on Inter professional Education(IPE). This model provides an opportunity for trainees to learn to work in teams, to develop mutual respect for and

understanding of the roles and responsibilities of the various health care professions, and to treat the patient as a "whole patient." The new facility will provide the opportunity for such experiences.

School of Public Health. Although the School of Public Health trainees do not train directly at the hospital, they will have greatly enhanced opportunities to conduct clinical research and population-based research using data generated in the new facility.

School of Allied Health. Health will have according to our predictions 430 students with 145 graduates the first year. With the addition of the new Physician Assistance Program the following year, enrollment will increase by 70 (35 students per year for 2 years). The new WIMC will be their primary teaching site. All trainees will use the hospital for much of their training. The Project Coordinator's School of Allied Health is responsible for training most of the Allied Health professionals that will work in the new hospital and in the state of Lukut.

In addition to the Project Coordinator's training programs, a number of other schools will depend upon a vibrant WIMC for their training.

It is intended that additional academic affiliations will be developed.

Research

Research is a critical function of an WIMC, translating important advancements in knowledge to health care services. Project Coordinators together with university partners, have a long history of conducting innovative research we will allocate 10 million for the next 5 years. The research unit will function like a magnet to attract the most talented faculty, the highest-funded researchers and the most gifted clinicians who seek to work in an exceptional environment. Without this facility and the researchers it will attract, researchers will not be competitive in the national arena and competing research programs will continue to thrive. A very unique feature of the research unit will be its ability to conduct large clinical research trials throughout the WIMC hospital system linked by an electronic medical record. Conducting clinical research in this patient population which largely has been composed of underserved minorities has been identified as a strategically important target for future clinical investigations.

The innovation and economic expansion that research dollars support extends beyond the healthcare industry. This wider effect of "medical research" ranges from pharmaceutical manufacturing to medical equipment manufacturing and beyond. Research is known to be an economic engine that helps to create employment opportunities in several economic sectors.

The prospect of WIMC in New Orleans has played a role in helping to recruit these investigators to the region. Areas of research strength include cancer, cardiovascular disease, diabetes, alcohol and drug abuse, infectious diseases, immunology, neuroscience, and environmental health.

The clinical trials unit in WIMC will be part of an expanding biomedical corridor which includes two medical schools, a new cancer research building, a new VA hospital, several neighboring universities, and the Bio Innovation Center.

Medical Tourism

WIMC will manage a medical tourism cluster, hospital, medical center, cosmetic surgery center, bariatric weight loss program or dental clinic… WIMC will be the connection to the lucrative ***medical tourism market***. In an industry where experience matters, The WIMC will have more hands-on experience building **medical tourism marketing** efforts than any other agency in its region, especially from clients in the previous Soviet states such as Georgia, Russia, Belarus, Kazakhstan, Kirgizia, Iran and UAE, and many other countries. The patients will have access to advanced standard medical services at affordable cost.

Full marketing efforts will be implemented to advertise in the above mentioned targeted countries. The global growth in the flow of patients and health professionals as well as medical technology, capital funding and regulatory regimes across national borders has given rise to new patterns of consumption and production of healthcare services over recent decades. A significant new element of a growing trade in healthcare has involved the movement of patients across borders in the pursuit of medical treatment and health; a phenomenon commonly termed medical tourism. Medical tourism occurs when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment. There has been a shift towards patients from richer, more developed nations travelling to less developed countries to access

health services, largely driven by the low-cost treatments available in the latter and helped by cheap flights and internet sources of information.

Medical tourism is when a person travels to another country for medical care. Each year, millions of US residents participate in medical tourism. Medical tourists from the United States commonly travel to Mexico and Canada, as well as countries in Central America, South America, and the Caribbean.

People may travel to another country to get health care for many reasons, including:

- Cost: To get treatment or a procedure that may be cheaper in another country.
- Culture: To receive care from a healthcare provider who shares the traveler's culture and language.
- Unavailable or Unapproved procedure: To get a procedure or therapy that is not available or approved in the United States.
- The most common procedures that people undergo on medical tourism trips include dental care, surgery, cosmetic surgery, fertility treatments, organ and tissue transplantation, and cancer treatment.
- Get a pre-travel consultation
- If you are planning to travel to another country for medical care, see a your healthcare provider or travel medicine provider at least 4–6 weeks before the trip to discuss general information for healthy travel and learn about specific risks you may face because of your health status, the procedure, and travel before and after the procedure.
- Obtain international travel health insurance that covers medical evacuation back to the United States.
- Before planning vacation activities, such as swimming or taking tours, find out what activities are not permitted after the procedure.
- Maintain your health and medical records
- Bring copies of your medical records with you, including results of lab tests and any other tests done related to your condition and care. Inform the medical staff at your destination of any allergies you may have.

- Pack a travel health kit with your prescription and over-the-counter medicines. Bring enough medicine to last your whole trip, plus a little extra in case of delays. Also, bring copies of all your prescriptions and a list of medications you take, including their brand names, generic names, manufacturers, and dosages.
- Get copies of all your medical records from the destination, before you return home. You may need to get them translated into English.

Research the healthcare provider and facility:

Check the qualifications of the healthcare providers who will be doing the procedure and the credentials of the facility where the procedure will be done. Accrediting groups, including Joint Commission International, DNV GL International Accreditation for Hospitals, and the International Society for Quality in Healthcare, have lists of standards that facilities need to meet to be accredited. Please note, that all surgeries carry the risk of complications, and accreditation does not guarantee a positive outcome.

If you go to a country where you do not speak the language, determine ahead of time how you will communicate with your doctor and others who will be caring for you.

Arrange for follow-up care.

- Identify where you will be staying immediately after the procedure.
- Before you travel abroad for medical tourism make sure you can get any needed follow-up care in the United States.

Globalisation and Medical Tourism:

Health policies and health delivery have traditionally been bounded by the nation state or between federal tiers of government. Within the UK, for example, the establishment of the National Health Service in 1948 introduced primary and secondary health care services funded by public taxation and delivered to the national population free at the point of use. In recent decades significant economic, social and political changes have encouraged a more trans-national and international role for health policy development. These national interconnections (political, economic, social and technical) include the movement of people, products, capital and

ideas and this has offered new opportunities and challenges for health care delivery and regulation.

A number of developments support this growth in medical travel:

- Regulatory regimes (such as the General Agreement on Trade in Services and other World Trade Organization agreements
- Recognition of transnational disease patterns
- Growing patient mobility (low-cost airlines, advancements in information-communication technology, and
- Shifting cultural attitudes among the public about overseas destinations.

Industry development.

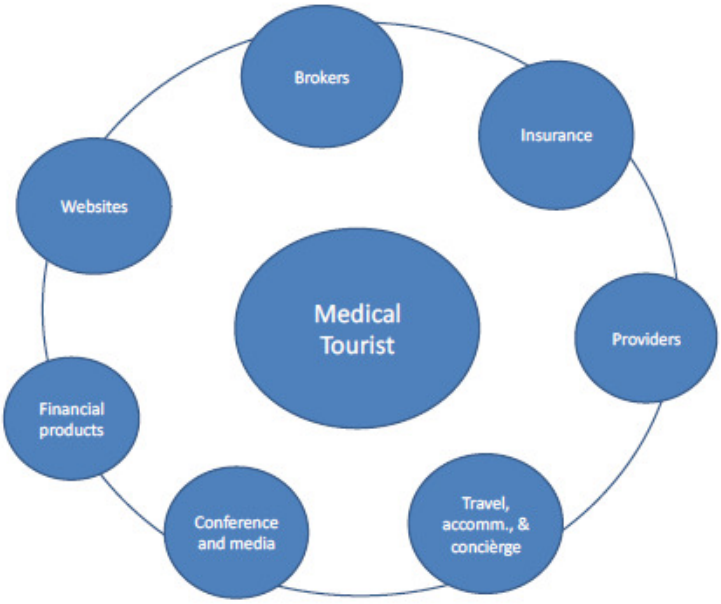
The medical tourist industry is dynamic and volatile and a range of factors including the economic climate, domestic policy changes, political instability, travel restrictions, advertising practices, geo-political shifts, and innovative and pioneering forms of treatment may all contribute towards shifts in patterns of consumption and production of domestic and overseas health services. There are, for example, important bilateral exchanges between OECD members (e.g. United States to Mexico; United States to Korea; northern Europe to central and eastern Europe). Some OECD countries seek to leverage their own strengths to become providers in the medical tourism market with all the attendant implications. There are also flows of patients from OECD countries to Lower and Middle Income Countries (LMIC), in particular India, Thailand, and Malaysia which will necessarily have potential repercussions for health systems of OECD countries.

From marketing materials (both print and web-based sources), it is apparent that the range of treatments available overseas for prospective medical tourists are wide, including:

- Cosmetic surgery (breast, face, liposuction)
- Dentistry (cosmetic and reconstruction)
- Cardiology/cardiac surgery (by-pass, valve replacement)

- Orthopaedic surgery (hip replacement, resurfacing, knee replacement, joint surgery) Bariatric surgery (gastric by-pass, gastric banding)
- Fertility/reproductive system (IVF, gender reassignment)
- Organ, cell and tissue transplantation (organ transplantation; stem cell)
- Eye surgery
- Diagnostics and check-ups.

Collectively, not all of these treatments would be classed as acute and life-threatening and some are clearly more marginal to mainstream health care. Some forms of plastic surgery would be excluded from health spending (e.g. for solely cosmetic reasons); other forms of medical tourism (e.g. IVF) would be counted within the remit of health trade.



Patterns of travel between source and destination countries are well-established. Whilst any global map of medical tourism destinations would include Asia (India, Malaysia, Singapore, and Thailand); South Africa; South and Central America (including Brazil, Costa Rica, Cuba and Mexico); the Middle East (particularly Dubai); and a range of European destinations (Western, Scandinavian, Central and Southern Europe, Mediterranean), estimates rely on industry sources which may be biased and inaccurate.