**Letter Of Inquiry**

Dear Sir or Madam,

We are a small group of physician in Indonesia, currently we are seeking grant to fund our project, with goals of creating better healthcare system in Indonesia. We have browsed your website but didn’t find an information on whrether your foundation funded project such ours or not. Therefore we write a brief summary about our project, hopefully you can help us.

1. **Organization Information**
2. Organization legal name : PT. Wirawijaya Informatika Nasional (WIN)
3. Organization type : Non-profit
4. Parent organization : PT. Karisma Aradi Healthcare (KAHC)
5. Chief Executing Officer : Erta Priadi Wirawijaya, MD.
6. Organization Adress :

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| --- | --- | --- |
|  | Main Address | Correspondency |
| Street Adress | Karisma Cimareme Hospital - Jln. Raya Cimareme No. 235 | Jln. Setrasari Kulon IV, No. 5A |
| City | Bandung | Bandung |
| Province | West Java | West Java |
| Postal Code | 40552 | 40152 |
| Country | Indonesia | Indonesia |

1. Contact Information :

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| --- | --- | --- |
|  | Primary Point of Contact | Secondary Point of Contact |
| Name | Erta Priadi Wirawijaya | Dara Metia |
| Title | MD | Miss |
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1. **Overview Information**
	1. Project Title : Developing Affordable

Electronic Medical Record System in Indonesia

* 1. Sector : Health
	2. Partner / Main Organization : PT. Karisma Aradi Healthcare
	3. Total Funding Requested : 200.000$ to 1000.000$
	4. Country where the project take place : Indonesia
	5. Expected Duration of Project : 6-12 month
1. **Project Information**
	1. **Development Challenge and Our Solution**

**Problem :**

1. We currently building a small hospital in Cimareme, West Bandung, Indonesia, and we want to use Healthcare Information System (HIS) that integrated Electronic Medical Record (EMR) as part of it's system. However there's no EMR system suitable for our needs available here.
2. As physician we realized that Indonesia, a country with the fourth largest population in the world, have a vast healthcare problems. Indonesia has one of the highest maternal mortality ratios in Southeast Asia, with an estimated 470 maternal deaths per 100,000 live births, compared with 9 deaths for every 100,000 live births in Singapore and 39 in Malaysia. World Health Organization (WHO) designated Indonesia a "high burden country” for tuberculosis, there are roughly 500,000 new cases of TB annually and 175,000 attributable deaths, it’s the the second major killer of adults after cardiovascular disease. The HIV epidemic in Indonesia is one of the fastest growing in Asia, latest U.N. report in 2012 mention Indonesia as one of nine countries with at least 25 percent increase in infection rates. Smoking is also common in Indonesia, 67 percent of all males over 15 years old smoke, and smoking-related illnesses kill at least 200,000 annually in Indonesia.
3. The need exist for Indonesia to structurally reform the healthcare system, however healthcare is not our government priority. Indonesia planned Healthcare expenditure for 2013 is only 1,9 % of total government spending, far less than our neighbours. The Health Department still doesn’t have any program, incentive, or even regulation concerning EMR. This resulted in diverse but poor quality EMR inplace in big public hospital.
4. EMR proved to be more safe, more efficient, more accessible, and more environment friendly compared with traditional paper based medical record. Currently almost every hospital and private practices in Indonesia still use traditional medical record, due to it’s prohibitive cost only few International Hospital use good quality EMR.

**Solution :**

If Healthcare Providers has access to an affordable EMR system and use it, we would be better equipped to tackle these vast healthcare problem. We can also reduced carbon emission produced by Indonesian Healthcare Industry.

**Challenges :**

Indonesia is an archipalego, with thausand of island, in terms of logistic it would be difficult. However more than half Indonesian live in Java Island, so even if we concentrated our effort in Java, within 5 year our project can indirectly help more than 100 million people have better access to a safer, better healthcare.

* 1. **Objective and Anticipated Result**

Our goal is to create a secure, reliable Healthcare Information System (HIS) with integrated Electronic Medical Record (EMR) System with International Certification from Commision for Health Information Techology (CCHIT) or Health Level Seven (HL-7). The system database will be hosted on an affordable server that can be accessible though mobile devices application in an affordable Android Tablet / Workstation.

We want to make it available to all Indonesian Hospital, Private Clinics, and Community Health Center at an affordable subscription based model.

EMR Adoption in Indonesia means better healthcare system that will help millions of people in Indonesia have access to a better, safer healthcare.

* 1. **Funding Sources**

Our main organization PT. Karisma Aradi Healthcare already borrowed a large sum of money to build our hospital, at best we can only allocated 20.000$ into the system development. Since our goal has non-profit aspect, we plan to seek out grant to fund our project. If we can secure a grant, we will form a non-profit entity called PT. Wirawijaya Informatika Nasional (WIN) that will develop and market the HIS & EMR system.

We have estimated that to develop the program we need at least 200.000$ for the first year. On the second year we’ll need additional funding for marketing, tech support, costumer relation, further investment to buy new vehicle etc. We estimated that if we wanted to provide the system first annual subcription for free – which means better distribution of EMR and better, wider healthcare impact – at the very least we would need 1.000.000$ to cover investment and operating cost up to the second year before we reach sustainability and profitability.

We request a grant of 200.000$, however smaller number would also help us going. If your foundation can give us a grant we will add the foundation name as one of the contributor that help us making the system possible in every application we provide to the healthcare provider. The foundation name will also available amongst other supporters in a website we planned to create, that aimed to provide support and education material about Electronic Medical Records.

A 1.000.000$ grants means that we don’t have to secure further funding from any other organization, therefore we will named your oundation as the sole contributor to our project that can bee seen in the apps and on the website. As partner to our project, however small the contribution is, we will provide a copy of our financials every month.

* 1. **Potential Impact and Scale**

Better Healthcare System though adoption of an affordable yet reliable EMR system can directly impact all Healthcare Provider in Indonesia, these means better and safer services in rural community health center (Puskesmas), small private clinics, large clinics and Hospital. EMR with built in clinical support system, automatic report and reporting will allow doctor concentrate more on providing better services, the data generated will be more accurate.

Indirectly these healthcare provider will be able to provide better services to Indonesian population which numbered 242.324.638 people according to 2011 sensus. In the first year we plan to use it in our own hospital as a model of how modern healthcare facility should work. Bandung has 2.4 million population, we expected that at least 100.000 people will benefit from better healthcare in our hospital first year alone. Then we will market the product in an affordable subscription based model to other Healthcare provider. So instead of spending more money on an expensive system that hard to use & defective, health provider can paid less and through collaboration with our company we can develop a program well suited for our needs.

Within 3 years we hope that our product can be used most healthcare provider in Java, and in 5 years in most of Indonesia. We also planned to create a bilingual system (English & Bahasa Indonesia) that can be tweaked to provide support to other languages so it can be used in other developing country and thus have far reaching global impact with only small amount of money invested.

Estimation on who our solution will directly and indirectly affect :

|  |  |  |
| --- | --- | --- |
|  | **Direct** | **Indirect** |
| Now (Our Hospital) | 100 | 100.000 |
| In 3 Years (Java) | 10.000 | 100.000.000 |
| In 5 Years (Indonesia) | 100.000 | 200.000.000 |
| In 10 Years (Global) | 1000.000 | 1.000.000.000 |

* 1. **Competitive Landscape**

In term of competitor, currently there's no EMR vendor in Indonesia that offers an affordable solution EMR system that can be easily used in a small clinic or community health center.

Why our solution will generate interest from Healthcare Provider?

1. Finance is the single largest hurdle to implement EMR in Indonesia, only well funded international hospital use EMR. We choose to develop the system in android because right now it's the most common mobile device used in Indonesia. It's available though smartphones, tablet and now there's android mini-PC. It's affordable, simple, more energy efficient, and allow us to distribute and upgrade the software continously though Google Playstore.
2. Most HIS and EMR system used in International hospital is difficult for common people to use. We wanted to create a system that is intuitive and easy to use, that empowers the end user and patients, that will help create a better, more effective healthcare system - to do that we will involve the people most critical to their effective use (physician) in every step of the system development.
3. None of the systems currently available equipped with clinical decision support feature. Though collaborative effort with Medical Faculty in Bandung, and later all over Indonesia we plan to develop an EMR system with the capability to deliver relevant medical evidence to the point of care. This will help create a safer, better healthcare service.
4. Healthcare provider in Indonesia already realized that EMR is the future, we simply don't have access to an affordable EMR system. Though our effort we will bring the future and make it a reality within a years.
	1. **Measuring Success**

To measure the progress we will divide our project into 4 phase, namely Start-up (First Year), Distribution (1-3 year), Integration (3-5 year), Global (>5 year). Each phase will have its own goals and objective.

In general :

1. Startup phase, after securing the needed fund we will recruit a team skilled database expert and programmer. Within one or two month our target is to have a working workgoups, each with it's own goal. We will start developing the EMR system and aims to have it finished it within 6 month period. We will use it in our hospital as a model to insure that the system work flawlessly. We estimate that the start up period will take 6 month up to a year.
2. Distribution phase is where we will provide the EMR system to healthcare provider all over Indonesia on an affordable annual subscription model. Within this period we hope to reach sustainability and earn profit to continously expand to other parts of Indonesia.
3. Integration phase is where we will evolve and integrate our system. We will create a data center that will host the EMR that currently resides in servers all over Indonesia. We will then merge EMR of a same individual so that one person can only have one EMR. This means a patient can go to a different clinic that uses or system and the EMR will be readily available. Centralized data means that we can use the system to generate realtime epidemiology study, create a better referral system, and overall improvement of Indonesia Healthcare system.
4. Global is where we can expand globally – we can cooperate with other corporation / NGO in other developing country where EMR isn’t readily available and create global impact.
5. **Organization & People Involved**

PT. Karisma Aradi Healthcare is a healthcare company in Bandung, Indonesia. We currently building a small hospital in Cimareme, West Bandung. As Director dr. Yedi Suyadi SpPD, MM has 30 years experience working as an Internist, currenty he head the Internal Medicine Department in Cibabat public hospital. Together with his wife drg. Mutiara Suyadi - a dentist, they successfully managed running Clinic in West Java that now evolved to a small hospital. Both has extensive experience in healthcare management and over the year has developed a number of contact all over Indonesia Healthcare Industry. They will be sitting in the company advisory board.

To develop and market the HIS & EMR system we will built a non-profit company called PT. Wirawijaya Informatika Nasional (WIN) that currently under registration phase. We will develop the product under brand name Wirawijaya Informatics Electronic Medical Record or WiEMR. dr. Erta Priadi Wirawijaya is a physician currently in the final years of cardiovascular residency in Hasan Sadikin Public Hospital in Bandung, healthcare management and optimization of healthcare services though mobile use of EMR has been one of his interest over the years, he is the founder of the project and will act as director / CEO of WIN.

dr. Nurul Rasihan Risalah is a fellow classmate currently practicing medicine and head one of community health clinic in Bandung rural areas, he also have interest in mobile technology utilization in clinical practices. Given enough funding, he plan to resign and oversee the system development as COO so that the system can be used in community health center, especially in term of providing an automatic report and reporting according to our government / health departement needs. Given his experience and relationship to health department he will later head our effort to distribute the system to the community health center.

Dara Metia, S.Ked is several month away from graduation, she's expected to graduate with honors from Padjajaran Medical faculty, she's speak english fluently and will oversee the costumer & investor relation.

dr. Hendri Priyadi M.Kes. is expected to finished his recidency from the Padjajaran Medical Faculty - Internal Medicine Departement in August. He’s was previusly planned to be a lecturer in Padjajaran Medical School Public Health Departement. He’s is very interested with our project and planned to help oversee the Clinical Decision Support development. He can also facilitate our cooperation with Padjajaran Medical Faculty – one of the largest Medical School in Indonesia.

Mr. Gentur Priguna Suwarto ST, IT, MM has a master degree in Information Technology from Bandung Institute of Technology, he has an extensive experience as programmer and later on as project leader for several IT project. He will head our R&D department, though collaboration with his team that we will develop the needed Healthcare Information and Electronic Medical Record System.

We are looking forward to hear from you, we are willing to provide further information should it needed. Thank you for your kind attention.

Regards,

Erta Priadi Wirawijaya.