









#### <u>Disclaimer</u>

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Weight and appearance now define social and economic opportunities just as family name and birth did in the nineteenth century

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BP Healthcare Group was founded on January 1, 1982 by Dato' Beh Chun Chuan and his wife Datin Poh Lay See.

Dato' Beh Chun Chuan is the founder and Chairman of BP Healthcare Group of companies which includes BP Diagnostic Centre, BP Clinical Lab, BE-P Pharmacy, BP Business Solutions, Labpro, BP Food Testing, BP Ambulatory, BP Radiology and BP Properties.





Sunway City (Ipoh) Sdn Bhd is an integrated multi-billion resort township in Ipoh. Dato' Beh private investment, Shan San Ling Holding Sdn Bhd and his partners SEDC Perak, Yayasan Perak and IGB Utara jointly owned Kinta Valley Resort Sdn Bhd investment

which has 35% equity in Sunway City (Ipoh) Sdn Bhd.

Dato' Beh was a past committee member of Perak Chinese Maternity Hospital. He was also the founder and past President of Malaysian Association of Private Medical Laboratories.

Dato' Beh earned his Bachelor of Science from University of Santo Tomas in 1978, and then pursued his graduate studies in Medical Microbiology in 1980 and during which he was awarded a Fellowship from the South East Asia Ministry of Education Organisation (SEAMEO) Tropical Medicine, in the Institute of Medical Research, K.L. He subsequently obtained a Master in Business Administration from Golden Gate University, San Francisco, USA in 1986.

retailing. Today their group diversified into many businesses.

Datin Poh Lay See is a property investor and developer who is involved in her family's investment holdings. Datin Poh comes from a prominent business family in Ipoh, Perak. The Poh family's initial core business in the early 50's was in commodities trading, wholesales and

Datin Poh Lay See's father, Mr. Poh Chee Meng founded Aun Huat Brothers Group of companies and together with his other business partners, they founded many big local and international corporations. Mr. Poh Chee Meng is the pioneer founding member of IGB

Corporation Bhd, Ipmuda Bhd, IGI (Singapore) Ltd, Ruberrex Bhd and many others.



Datin Poh Lay See

## **Brand History**

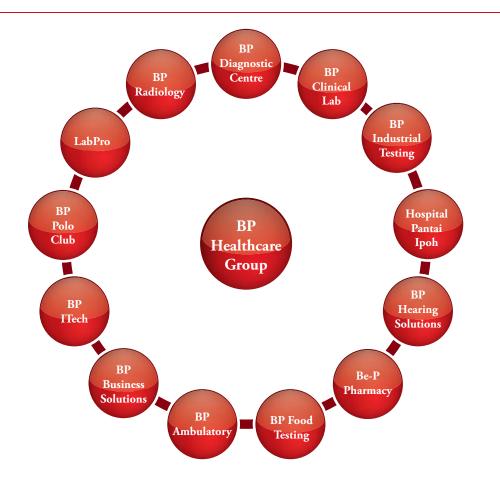
Dato' Beh and Datin Poh Lay See founded BP Clinical Lab 1982 1984 BP expanded its 1st outlet to Taiping and subsequently nationwide chain 1995 BEP-Pharmacy officiated by Minister of Health, Dato' Lee Kim Sai 2001 BP Clinical Lab obtained ISO/IEC 17025 for Blood Lead 2004 BP started BP Food Testing services in Butterworth and obtained ISO 17025 and DVS Certification 2004 BP Clinical Lab obtained ISO 9001 for quality management system 2004 BP Business Solution obtained MSC status 2005 Opening of additional 6 more BP Diagnostic Centres in Malaysia 2006 BP Diagnostic Centre Cheras started providing tele-radiology services 2008 BP Clinical Lab obtained MS ISO 15189 - 1st locally owned lab in Malaysia achieving full scope ISO 15189 accreditation 2008 BP Diagnostic Centre obtained ISO 9001 for Quality Management System 2009 Establishment of BP Hearing Solutions to cater for hearing loss customers 2010 1st Diagnostic Centre in Asia Pacific to be awarded by Frost & Sullivan in Customer Value Enhancement Awards in Diagnostics 2011 1st Diagnostic Centre to be awarded with Best Brand in Wellness - Primary Healthcare and Screening by The BrandLaureate BP Diagnostic Centre Sdn Bhd was being awarded by The Malaysian Trade Industry Organization in the Malaysian Innovation 2011 Excellence Award 2010 2011 Official opening ceremony of BPDC Glenmarie by Minister of Health, Dato' Seri Liow Tiong Lai

When a person is fat - not just 15 pounds overweight but clinically obese

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## **Corporate Structure**



#### **BP DIAGNOSTIC CENTRE**

BP Diagnostic Centre (BPDC) is the **largest medical chain** of diagnostic centres in South-East Asia. It is the first diagnostic centre chain in Malaysia to obtain **ISO 9001** and also the first Diagnostic Center in Asia Pacific to be awarded by **Frost & Sullivan in Customer Value Enhancement Award** in Diagnostics.

#### **HOSPITAL PANTAI IPOH**

Dato' Beh is the founder and substantial shareholder of Hospital Pantai Ipoh. Other shareholders include Khazanah (Malaysia's Sovereign Wealth Fund) & Parkway Holdings.

#### **BP FOOD TESTING**

BP Food Testing is principally involved in providing wide range of industrial and food testing services. It is an **ISO/IEC 17025** accredited lab.

#### **BP iTECH**

This company develops software, supporting and maintaining the IT system of BP Healthcare Group and other healthcare provides. Our in-house proprietary products are LIS, Pharmacy software and VClinic.

#### **BP CLINICAL LAB**

BP Clinical Lab is accredited under **MS ISO 9001:2008** Quality Management Requirements and accredited under **MS ISO 15189** Full Scope in Medical Lab. The latter includes **135 test parameters** whereby making our accreditation the **widest range** in Malaysia. **Extensive network** covering throughout Malaysia.

#### **BP HEARING SOLUTIONS**

Backed by BP Diagnostic Centre's 30 years of expertise, infrastructure and professional team, BP Hearing Solutions has become Malaysia's largest hearing solution chain.

#### **BP AMBULATORY**

BP Ambulatory Sdn Bhd provides comprehensive **same-day courier** and logistics services to BP Healthcare group of companies throughout Malaysia.

#### **BP POLO CLUB**

It was established in 80's by Dato' Beh Chun Chuan and his children. Locally and internationally reknown and won long list of championships and awards for the past 20 years.

#### **BP INDUSTRIAL TESTING**

This is a provision of a total & comprehensive range of chemical and industrial testing, heavy metals screening and analytical services to government agencies, private industrial and manufacturing facilities and the general public.

#### **Be-P PHARMACY**

With BP Online Pharmacy, you can enjoy a personal consultation with our pharmacists. Developed in-house proprietary products such as our **BP Travel** and **BP Flu Kit**.

#### **BP BUSINESS SOLUTIONS**

Awarded **MSC status** by the Government. BPBS is today one of the biggest software provider to private clinics in the country.

#### **LABPRO**

Labpro is the distributor of a wide range of healthcare supplies which include laboratory and medical equipment, consumables and disposables.

#### **BP RADIOLOGY**

BP Radiology providing out-sourcing tele-radiology services to BP Healthcare Group, clinics, medical centers both locally and internationally.

## **Board of Directors**





Chairman

ALBERT BEH CHOON LIAN Director – Public Relations



CHEVY BEH YEN SAN Director – Finance & Investment



HO POOI YEE Director – Business Development



ONG CHIANG HOCK Director – Food, Industrial & Medical Lab



**REUBEN POH YEONG HAN** Director – IT & Communication

## Board of Directors' Profile



#### **ALBERT BEH CHOON LIAN**

Director – Public Relations

Mr Beh is the Director of Public Relations at BP Healthcare Group.

He joined BP 21 years ago and was involved in the day-to-day operation of the group during his years. He was also instrumental in setting up all the outlets nationwide reaching more than 70 outlets to date.

He has 28 years of experience in the electronic and electrical manufacture and has worked with many reputable companies.

Mr Beh also has vast experience in foreign investment companies. He was constantly doing revision in retraining of staff to improve productivity and quality.



#### **CHEVY BEH YEN SAN**

Director – Finance & Investment

Mr Beh is the Director of Investment and Finance at BP Healthcare Group.

He is also a co-founder and principal at Compradore Capital, LLC, a private equity firm. He also the founder and partner of Max Healthcare (Thailand) Pte Ltd. He also serves as Directors of Hospital Pantai, Ipoh and Sunway City (Ipoh) Group, an integrated billion-ringgit township.

Mr Beh was formerly a China-focused analyst at the Maxim Group (member of NYSE), an investment bank based in New York. His areas of expertise included assisting Chinese companies to raise funds in the US capital market. Prior to joining Maxim, he was an associate at Dominick and Dominick (member of NYSE).

Mr Beh is a Chartered Alternative Investment Analyst (CAIA) and also a National Association of Securities Dealers (NASD) registered representative (Series 7, 63, 65). He received his Bachelors degree from the University of Virginia with a double major in Economics and East Asian Studies.

At UVA, he was the captain of the Collegiate Polo Team and was merited the National American-Intercollegiate all stars, America. Prior to that, he was the England polo captain for under-21 English School National Team.

Mr Beh studied at various institutions, among them Cambridge University, Harvard University, Stanford University and Beijing University. He is a young executive member of the Asia Society, New York City, USA and polo ambassador for the Asian region. He currently serves as Vice-President of Equine Association Malaysia (EAM).



#### **HO POOI YEE**

Director – Business Development

Ms Ho is the Director of Business Development at BP Healthcare Group.

Backed by various experience in the group, she is currently overseeing and actively involved in the group business development activities.

She was the Chief Operating Officer of Penang in 2008 and of Klang Valley in 2009. She also was a trained medical laboratory technologist in Ipoh and Taiping. She served the company as a Group Purchaser, handling local and international purchases for the group.

Ms Ho obtained her first class Bachelor degree (Hons) in Industrial Biology, Universiti Technology Malaysia. She was also trained in Veterinary Research Institute, Ipoh.



#### **ONG CHIANG HOCK**

#### Director – Food, Industrial & Medical Lab

Mr Ong is the Director of Food, Industrial and Medical Testing in 2009.

He has been working with BP Clinical Lab Sdn Bhd (BP Healthcare Group) since 1992.

From a Laboratory Manager of Penang branch, he was promoted to Asst General Manager of Northern Region, and later to Chief Executive Officer of Labpro Sdn Bhd (the engineering & technical division of the group).

He has assisted the group to achieve several ISO 9001 certification, ISO/IEC 17025 laboratory accreditation and ISO 15189 accreditation for medical testing.

In 2004, he set up BP Food Testing Sdn Bhd to provide a comprehensive range of food microbiological testing and chemical analyses services.

He is a registered Medical Laboratory Technologist with Malaysian Institute of Medical Laboratory Sciences since 1997, and a registered Chemist with the Malaysian Institute of Chemistry since 1998.

He obtained his Bachelors degree in Clinical Biochemistry (Hons) from National University of Malaysia in 1990.

He was trained in Hospital Lam Wah Ee Penang and Institute for Medical Research (Kuala Lumpur).

#### **REUBEN POH YEONG HAN**

Director – IT & Communication



He has been with BP Healthcare Group for nine years and he oversees various businesses including BP Business Solutions Sdn Bhd, BE-P Pharmacy Sdn Bhd, BP Healthcare Sdn Bhd, BP Hearing Solutions Sdn Bhd and BP Aesthetic Sdn Bhd.

He was involved in assisting the group in achieving MSC Status for BP Business Solutions Sdn Bhd and also ISO accreditation for BP Diagnostic Centre Sdn Bhd and BP Clinical Lab Sdn Bhd.

He also serves as an Alternate Director for Hospital Pantai Ipoh and Sunway City (Ipoh) Group. He currently serves as a council member of the Malaysian Association of Private Medical Laboratories (MAPML).

Mr Poh has a double degree from University of Sydney in Telecommunications and Commerce (major in Economics and Finance). He is a member of Golden Key and MENSA society. He was also very active in tennis where he was part of the Perak Sukma winning team in 1995 and also represented University of Sydney in the Melbourne University Games in 1998.



## Medical Advisory Council's Profile



#### DR TAN KIA GIN

Chief Medical Officer

Dr Tan joined BP Healthcare Group as Medical Consultant on Dec 1, 1996.

He was promoted and re-designated to Chief Medical Officer in October 2002. He is highly regarded for his expertise and professionalism. His experience is not limited to the medical field only - he is also a member of BPHG's senior management team and is actively involved in the daily management and decision-making process of the group's diagnostic business division.

Dr Tan graduated from Universiti Malaya with MBBS in August 1992. He had also obtained the certificate of Occupational Health Doctor from the National Institute of Occupational Safety and Health in 2006.



#### DR QUAH SAY CHUAN

Deputy Chief Medical Officer

Dr Quah is the Deputy Chief Medical Oficer in BP Healthcare Group.

He joined BP Healthcare in 2004 after serving with the Ministry of Health for five years. He was promoted to Area Medical Officer in 2007 and subsequently to Deputy Chief Medical Officer for BP Healthcare Group in January 2009.

Dr Quah graduated from Universiti Malaya with MBBS in 1998. He had also obtained the certificate of Occupational Health Doctor from the National Institute of Occupational Safety and Health in 2006.



#### TAN SRI DATO' DR M JEGATHESAN

Pathologist

Dr M Jegathesan joined BP Healthcare Group as Consultant Pathologist (Microbiology) on 15th of April 2011.

He had 32 years of working experience with the Ministry of Health Malaysia, culminating in the post of Deputy Director General (Research and Technical Support) from 1994 to 1998. Previously, he was the Director Institute for Medical Research, KL from 1988 to 1994, Head of Laboratory Services, HKL from 1985 to 1988 and Head Division of Bacteriology and IMR from 1971 to 1985.

Dr M Jegathesan has a passion for researches in infectious disease and medical microbiology, resulting in over 100 publications and active participations in various research programmes and committees including the UNDP affiliated council for Health Research for Development in Geneva from 1988 to 2000 where he served as a medical adviser.

He had won numerous awards, including National Science Award (1995), Rotary Club of KL Research Award (1995) and the Senior Fellow and Academician, Academy of Sciences Malaysia (2006).

He graduated from the University of Singapore in 1967 with a Medical Degree. He also received a Diploma in Tropical Medicine and Hygiene from Mahidol University Bangkok in 1969 and a DCP qualification from the University of London in 1971.

On March 2011, he was appointed Pro-Chancellor of University Sains Malaysia (USM).



#### COL RTD (DR) LIM AIK BOON

Radiologist

Physician

Dr Lim Aik Boon is the Consultant Radiologist in BP Healthcare Group since January 2007.

He has vast experiences in general radiography, ultrasound including Doppler ultrasound, transrectal and transvaginal ultrasound, musculoskeletal ultrasound, and ultrasound guided biopsy and drainage, fluoroscopy, mammogram, CT scan including CT guided biopsy and drainage, MRI, teleradiology and teleultrasound.

Dr Lim has great interest in musculoskeletal radiology and had attended various programmes and workshops throughout his career, including the International Skeletal Society Outreat Programme 2003 in Langkawi, International Skeletal Society Refresher Course 2005 in Singapore and the Asian Musculoskeletal Workshop 1999 in KL.

He graduated from the University Malaya Medical Centre in 1992 with a Bachelor in Medicine and Surgery. He later obtained his Master in Radiology from the same university in 2000.



#### **DR LEONG HUI SHAN**

Dr Leong was appointed as physician at BP Healthcare Group on Sept 2, 2008.

She worked as a General Physician since 2004 in Ipoh Hospital and was transferred to Taiping Hospital in 2007.

She graduated from Universiti Kebangsaan Malaysia with a Medical Degree in 1997. In 2004, she completed her post-graduate training in Internal Medicine and obtained MRCP (UK) from the Royal College of Physicians, UK.



#### **DR POH BEE HOON**

Dr Poh is a Consultant Pathologist.

After her graduation in 1998, she did her housemanship in Hospital Sultanah Aminah, Johor Baru. Subsequently, she spent three years in the department of internal medicine in Hospital Selayang before attending the Master of Pathology course in 2001. She was awarded the Dr Ranjeet Bhagwan Singh gold medal in 2005. Following that, she worked as a pathologist in Hospital Queen Elizabeth for two years before joining BP Healthcare Group in 2007.

Dr Poh obtained her MBBS in 1998 from Universiti Malaya and her Master in Pathology in 2005 from Universiti Kebangsaan Malaysia.

#### DR JULIA MUNCHAR BINTI MUNCHAR JAJULI

Pathologist

Pathologist



Dr Julia is the Laboratory Director at BP Healthcare Group.

She has been with the group for five years. She was previously appointed Consultant Pathologist for BP Lab Sdn Bhd on Feb 1, 2005 and was subsequently appointed Laboratory Director on Sept 1, 2007. Dr Julia has extensive experience in Cytopathology and has been a member of the International Academy of Cytology since 2000.

She obtained her first professional degree (Bachelor of Medicine, Bachelor of Surgery degree) at Universiti Malaya in 1992 and later attained her Masters in Medicine (Pathology) from Universiti Kebangsaan Malaysia in 1999.



DATO' BEH CHUN CHUAN

## Chairman's Message

BPHG gladly welcomes year 2011 which coincides with the Chinese lunar year of the Rabbit with great hope, confidence, expectation and excitement!

In 2010, the company made double digits increased in profit. We hope that this year, the business will continue to prosper in the same trend.

I would like to thank the following teams;

- A) A&P team for creating brand awareness
- B) Management team for introducing the appropriate business strategies to gain better margin
- C) All operational staff for your strong supports.

I would like to share what BPHG has accomplished in the year of 2010:

- Glenmarie Diagnostic Centre was finally in operation and was opened for business in October 2010, and officially launched on February 28, 2011 by Malaysia's Minister of Health, Dato' Seri Liow Tiong Lai.
- 2) Penang Diagnostic Centre (II), which is adjacent to Penang Diagnostic Centre (I) at Wisma Penang Garden was set up and started its operation during the second quarter of 2010.
- 3) Four existing laboratories (Bentong, Teluk Intan, Setiawan and Kampar) were renovated and transformed to BP Diagnostic Centres and will be operational soon.
- 4) Segamat and Kluang laboratories were renovated and transformed into Segamat and Kluang Diagnostic Centres respectively and were in operation since January 2011.

- 5) More than 50,000 squarefoot build-up Specialist Diagnostic Centre Ipoh plan got approval and the building should start this year.
- 6) Three titles had been awarded to BPHG;
  - a. Customer Value Enhancement Award in Diagnostics by Frost & Sullivan First Diagnostic Centre in Asia Pacific to win this award.
  - b. Best Brand in Wellness-Primary Healthcare and Screening by The BrandLaureate Asia Pacific First Diagnostic Centre to be honoured with this title.
  - c. The Malaysia Trade and Industry Recognition Award in Innovation Excellence Award 2010
- 7) Thailand expansion through Max Healthcare Co. Limited secured its first our-sourcing diagnostic services with Thai Police General Hospital.

Both Glenmarie Diagnostic Centre and Laboratory have started operating in October 2010. In line with BPHG tagline "Leader in Health Check", Glenmarie Centre is introducing centralised teleradiology facilities to link all radiographic images of X-ray, mammogram, DEXA, CT scan and ultrasound digitally to all other diagnostic centres nationwide, thus making BPHG the first and largest digitally-linked diagnostic chain in Asia Pacific.

In addition to excelling in technology, teleradiology is also a big step taken by our Group in support of GOING GREEN, doing away with toxic waste, promoting cleaner environment, and limiting health hazard and chemical exposure to radiographers.

BPHG intends to enhance and encourage industrial training, continuous medical education and continuous professional development for both local and overseas undergraduates, graduates and teaching professionals by introducing BP Education Programme (BPEP). The Group will also provide extended formal training at our facilities to earn semester credits according to the pursued course by the scholar. BPEP will be part of BPHG's corporate social responsibility (CSR).

It is the Group's aspiration and determination to be the first and largest primary healthcare provider in Asia Pacific. We hope to expand our Group's presence not only nationwide, but also to other countries to create more opportunities and better income for all BPHG employees.

Thank you to all stakeholders for having faith and trust in BP Healthcare Group.

## Awards & Recognitions



#### **The Brandlaureate Award SMEs Chapter Awards** Best Brand in Corporate Branding, Best Brand in Wellness - Primary Healthcare and Screening.



#### The Malaysian Trade and Industry Organisation Award - The Malaysian Innovation

Excellence Award 2010



## Frost & Sullivan Analyst Quote

### FROST 🕉 SULLIVAN

2010 Malaysia Frost & Sullivan Customer Value Enhancement Award in Diagnostics BP Diagnostic Centre



BP Diagnostics was established in 1982. Today, they are considered to be one of Malaysia's foremost well integrated healthcare providers in the field of diagnostics and laboratory services. Their facilities are well known to offer other complementary specialized healthcare services to provide a one-stopservice centre for its patrons. It is one of the first diagnostic centres in Malaysia to have obtained ISO9001. Currently, BPDC has over 30 centres established throughout Malaysia and currently expanding into rest of the South East Asia region with its first venture into Thailand recently.

BP Diagnostics made continuous efforts to provide value enhancing services to its customers. Introduction of paperless operation and utilization of multimedia system nationwide helped clients to avail their results in electronic format. This helps patients to take the detailed results in electronic form to other specialists of their choice.

Such IT enabled services helped BP Diagnostics to manage its patient's records on a long term basis, reduced human error at point of care/test, able to promote wellness and preventive care treatments on a regular basis and most importantly, it improved operational efficiency.

BP provides specialist care services in its comfortable non-hospital facilities. This reduces the chance of contracting chronic infections that are high in a conventional hospital environment.

As part of their corporate social responsibilities, BP Diagnostic conducts awareness programs for communities on latest healthcare issues. Apart from this, BP has tie-up with leading insurance companies, industrial partners like Plusmiles, pharmaceutical companies to provide value enhancing services with discounts and other benefits.

> Jennifer Lau Industry Analyst, Asia Pacific Healthcare Practice Frost & Sullivan





by Ho Pooi Yee, Director of Business Development.



This is the typical response of Malaysians on questions about their health. Everyone will spend on food, shopping, car maintenance, vacation, etc, but not so when it comes to health screening and healthcare.

### Health / Healthcare

#### **General definition:**

The treatment and prevention of illness. Healthcare is delivered by professionals in medicine, dentistry, nursing, pharmacy and allied health. <u>Malaysians' definition:</u> Only an issue to be concerned with when I don't feel well.

Through BP's many years of service and experience, we are aware that annual blood and urine testing would be limited when it comes to confirming personal health status. Blood and urine test alone is unable to show a true and full reflection of a person's health condition. They do not tell about the conditions of the organs and the health of its "channels".

Blood test alone is not enough to determine your overall health screening results.



Take a river as example, blood and urine testing is like checking the contents of river water. It enables you to know how many fishes, stones, ions, etc there are in the water but it does not indicate to you which part of the river is blocked, where it has stone barrier or whether it divert away from the normal path. This is the reason why a Head2Toe health screening is the most useful tool for your annual healthcare needs.

BP has been engaged in providing comprehensive health screening packages since the establishment of BP Diagnostic Centres. In the past, we have numerous customised packages tailored according to the completeness of health screening requirement.

Customers usually choose according to their budget and staff recommendation. According to some feedbacks from customers, they feel that their chosen packages are not conclusive of their health and they start to demand for more. Back then, BP healthcare staff would need to have "better than average" memory to remember the package contents and arrange for appointment for the customers!

Year 2011 – the year of the bunny, also symbolizes a year in which BP will make another hop ahead of all the other health service providers in the market. BP is introducing our unique Head2Toe health screening package to the public to fulfill your complete health screening needs.

## Why Head2Toe?

This concept is generated after numerous years of professionalism, experience and the diagnostic tools availability at BP. It aims to provide all the finding from various tools to allow for accurate conclusion of a person's health status.

A BP Head2Toe health screening experience includes reviewing of personal medical history, physical examination, conducting laboratory tests, diagnostic/imaging procedures, conclusion and summary of personal health. Every BP Diagnostic Centre is fully equipped to provide a full Head2Toe screening service. Our customers do not need to go to different centres for different tests, nor will they need to worry that their health screening results would be incomplete.

With the provision of this Head2Toe option, customers have an easy and hassle-free way of undergoing complete health screening. BP staff is taught to operate in an effective way and in return, they can provide more efficient services to customers. At the same time our medical officers are furnished with better and a more complete set of information resulting in them being more confidence in giving consultation to a person regarding their health status based on a more comprehensive finding made available from the various diagnostic procedures done. In fact, we recommend that a Head2Toe health screening should be treated as an annual "pilgrimage" in a person's yearly calendar of activities.



Many diseases are hereditary or caused by the environment or unhealthy food/lifestyle habit

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| Our human body is susceptible to all kinds of  |

Our human body is susceptible to all kinds of diseases from head to toe

Healthcare should not be treated as an individual concern alone. Many diseases are hereditary or caused by the environment or unhealthy food/lifestyle habit. For children whose parents are suffering from metabolic syndrome, they would need to start restricting certain food intake from an early age to prevent the onset of similar health problems. For children whose parents developed cancer, they should have been screened at least 10 years earlier. This indicates that it is equally important for your loved one to have the same health screening with you annually. You can take precautionary action to prevent the development of disease.

You can now share the health screening benefit with your loved ones at a lower cost and yet undiscounted service level with BP Head2Toe.

## HEAD2TOE PREMIER HEALTH SCREENING PACKAGE

Being a service provider that considers "YOU" as our No.1 priority in our business, BP always strive to provide quality health screening with affordable and competitive pricing. Now if you and your family members are concern with your health, BP Family Card offers you flexibility. We have BP Family Card for a small family of 2-6 persons while BP Platinum Card is the choice if you have more than 10 family members. Apart from reduced rate (up to 50% off) for group purchase of Head2Toe packages, customers can take home medical equipment\* for health monitoring or follow up complimentary health services\*. So wait no more and start your health screening with BP today!

\*depending on the chosen programme.

## A Doctor's Perspective Is comprehensive health screening the right thing to do?

Health screening is increasingly gaining emphasis by many health authorities as an important strategy in countering the progression and spiraling costs of modern diseases. Studies after studies show that primary and preventive care greatly reduces future health care costs, as well as improving people's health.

In the public health sector in Malaysia, some screening programmes have been in place for some time, such as G6PD deficiency screening for newborns, vision and dental check for school children. However, with vast changes in the landscape of diseases for the past 2 to 3 decades, the major health burden of our country now comes from non-communicable diseases like hypertension, diabetes and dyslipidaemia (abnormal blood lipids), with their surge closely linked to lifestyle factors such as lack of physical exercise, obesity, cigarette smoking. These conditions have made heart attack, stroke and cancer the top 3 leading causes of death by diseases. One of the most important steps in such prevention is early detection via regular health screening.

The question nowadays is no longer if health screening is important, but how it should be conducted. Many healthcare providers have been churning out a great variety of screening programmes, from simple blood test done via the neighbourhood pharmacy to whole body CT scan in a luxury hospital. How do we choose the right one?

According to definition by the World Health Organization, the principles of screening are described below:

- 1. The condition should be an important health problem.
- 2. There should be a treatment for the condition.
- 3. Facilities for diagnosis and treatment should be available.
- 4. There should be a latent stage of the disease.
- 5. There should be a test or examination for the condition.
- 6. The test should be acceptable to the population.
- 7. The natural history of the disease should be adequately understood.
- 8. There should be an agreed policy on who to treat.
- 9. The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.
- 10. Case-finding should be a continuous process, not just a "once and for all" project.

Let us look at these well established principles to derive at the appropriate health screening programme.

## 1. The condition should be an important health problem.

The statistics from the recently published National Health and Morbidity Survey (NHMS) III are quite shocking: The 10-year survey showed that obesity among Malaysian adults had increased by 250% from 1996 to 2006, with 43% adults being either overweight or obese, and 38% of teenagers also overweight; 43% of those aged above 30 had hypertension; 14.9% had diabetes, almost half of the adult population had abnormal blood lipids. The survey showed 61% of Malaysians had one risk factor or more. The Ministry of Health expects about 38,000 new cases of heart disease and 40,000 new cases of cancer every year. These figures show without any doubt that universal screening of non-communicable disease should be in the forefront of our health policy.

#### 2. There should be a treatment for the condition.

Although rampant, non-communicable diseases like hypertension, diabetes, dyslipidaemia are treatable, and indeed preventable, while most cancers can be cured if detected early. However, the key is in finding the diseases at the early stages. Cost and quality of life will be adversely affected when end-organ complications like coronary heart disease, kidney impairment etc have set in.

## 3. Facilities for diagnosis and treatment should be available.

Health screening can be conducted by most medical practitioners. Nevertheless, it is not limited to simply doing a blood test. Health screening should involve a wholesome approach with well-designed diagnostic procedures and proper consultations carried out by a team comprising doctors, radiologists, nurses, sonographers, radiographers, lab technologists and other supporting personnel.

#### 4. There should be a latent stage of the disease.

Hypertension, diabetes and dyslipidaemia take years, if not decades, to develop, so do most cancers. Regular health screening helps the doctors to identify those with underlying risks or early changes of the diseases, making it easier to avoid or delay their full blown occurrences.

## 5. There should be a test or examination for the condition.

Screening for non-communicable diseases requires only simple, widely available tests, although a good medical doctor is indispensable. Cancer screening though will need a more individualized approach, as people with lower risk factors should not take up invasive procedures like CT scan, endoscopy etc without a clear indication.

#### 6. The test should be acceptable to the population.

Attempting to discover every minor condition in the body through invasive procedures without apparent indication is not practical and could cause unnecessary harm and financial burden. For example, having a colonoscopy to screen for colon cancer is usually an unpleasant experience, but checking the stool for occult blood in the screening of the same condition is a lot less stressful or costly. An ideal health screening should aim for the most common and preventable conditions, involve only non-invasive tests, done as ambulatory basis (i.e. without hospital admission), with reasonable cost, in a one-stop facility and non-hospital environment to minimize contact with communicable diseases.

## 7. The natural history of the disease should be adequately understood.

The major focus of health screening will be on chronic diseases related to the major killers like heart attack, stroke and cancer. Advancement in medicine in the past 2 decades has equipped doctors with the knowledge and skills to prevent, detect and treat these conditions, provided they have the opportunity to do so.

## 8. There should be an agreed policy on who to treat.

Various evidence-based guidelines on the treatment on pre-morbid conditions like diabetes mellitus, hypertension, dyslipidaemia etc have long been established and frequently updated. Practically everyone found to have these conditions can and should undergo treatment.

## 9. The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.

It should be noted that there is no universal agreement as to which tests should be performed for health screening and when they should be performed.

We still lack an established screening programme for these rampant diseases for the mass population. The main reason lies in the cost involved, which will be almost astronomical for the government. For example, screening all 65-year-olds for diabetes, which is such a common disease nowadays, will cost USD590,000 per each quality-adjusted-life-year saved (published by the New England Journal of Medicine).

However, this may not apply for people paying out of their own pockets. If the disease becomes personal and occurs in their family, most individuals disregard cost-effectiveness concepts; they believe that the life of their family member is priceless. So it's no wonder an increasing number of people are seeking health screening on their own expenses, frequently spending thousands of ringgit for all sorts of tests and procedures.

## 10.Case-finding should be a continuous process, not just a "once and for all" project.

Not all diseases will be detected every time, thus regular screening is important to increase the chance of disease detection. It's important to find a healthcare provider with a focused wellness programme & experienced personnel, as well as being easily accessible, to provide continuity in the health of a person which is indeed a life-long process.

BP Healthcare's Head2Toe screening packages were designed with these principles in mind. The 30 one-stop Diagnostic Centres nationwide have made comprehensive health screening accessible, convenient and affordable to everyone. The check-up will involve a complete physical examination by our in-house doctor, including a detailed medical history, family history of illnesses such as diabetes, heart disease and cancer, review of all prescription and over-the-counter medications, dietary supplements and immunizations. Non-invasive tests like ultrasound examination of various systems, chest x-ray, mammography, lung function test, resting and exercise stress ECG, bone density test, audiometry, body composition tests and comprehensive blood and urine tests all add important information for the attending doctor to derive at a good understanding of a person's health status.

## What makes BP Diagnostic Centre different from other healthcare providers

By Dr Tan Kia Gin

With the explosion of lifestyle-related diseases like heart disease, stroke, cancer etc, preventive healthcare is becoming the frontrunner in our healthcare system with many healthcare providers promoting health-screening services. However, making the right choice for preventive health services amongst them requires a more in-depth understanding of the various systems.

|             | BP Diagnostic Centre  | Hospitals   | Clinics   | Laboratories  |
|-------------|---|---|---|---|
| Services    | Based on screening for early<br>stages of illness and<br>preventive measures. Aim for<br>the most common and<br>preventable conditions that<br>may affect the outcome of any<br>intervention. Not all diseases<br>will be detected every time,<br>thus regular screening is<br>important to increase the<br>chance of disease detection.      | Based on giving treatment to<br>illnesses. Hospitals being<br>centres for disease treatment<br>will have many medical<br>facilities. However, there will<br>also be a tendency to include<br>more invasive procedures in<br>screening programmes.<br>Attempting to discover every<br>minor condition in the body<br>through invasive procedures<br>without apparent indication<br>is not practical and may<br>cause unnecessary harm and<br>financial burden. | Based on both<br>screening and<br>treatment, with<br>limited capacities due<br>to the small scale of<br>the practice. | Limited to lab test<br>result explanation<br>and selling of<br>supplements.   |
| Environment | One-stop facilities that<br>provide all services under one<br>roof. A non-hospital set-up<br>results in personalised<br>attention, efficient work rate<br>and comfortable environment,<br>apart from minimising the risk<br>of contracting infectious<br>diseases in a crowded hospital<br>which should rightfully cater<br>to sick patients. | Generally sharing with ill<br>patients. Some hospitals have<br>posh designs and space but<br>the cost will invariably be<br>transferred to the patients or<br>customers.  | Generally sharing with<br>ill patients. May have<br>limitation in space and<br>comfort.                               | Generally serve as<br>collection centres<br>for samples<br>collected from<br>private clinics and<br>not for serving<br>walk-in customers. |
| Personnel   | Ranges from specialists,<br>doctors, nurses, nutritionists,<br>pharmacists and other support<br>staff, usually continuation of<br>care given by the same few<br>staff.  | Ranges from consultants,<br>resident doctors, few<br>categories of nurses and<br>support staff. Higher staff<br>turnover rate may not be<br>optimum for continual<br>personalised care.   | The doctor in charge is<br>the coordinator and<br>practitioner of all<br>procedures.                                  | Run by lab<br>technicians or<br>nurses.   |
| Equipment   | Premium brand computerised<br>equipment with stringent<br>quality control and<br>accreditation. Digital result<br>recording is available to<br>improve accuracy and<br>minimise human error and<br>further eases the work of the<br>doctor for proper assessment<br>of a patient's health.  | Usually with high-end<br>equipment but the tests may<br>not be appropriate for health<br>screening with high cost and<br>invasive nature.   | Usually only keep<br>simple equipment for<br>bedside investigations.  | No equipement for<br>other health-<br>screening tests.  |

|                           | BP Diagnostic Centre   | Hospitals   | Clinics   | Laboratories  |
|---------------------------|--|---|---|---|
| Waiting<br>time           | One-stop set-up with<br>workflow designed to<br>cater to health screening.<br>All services conducted<br>relatively quickly and<br>efficiently.   | Usually longer. Priority<br>normally given to patients<br>with active<br>diseases/conditions. May<br>have to move among<br>different areas or buildings<br>in a hospital setting. | Depends on the patient load.  | Depending on staff<br>as normally there are<br>no trained<br>professionals to<br>handle wholesome<br>health screening.                                  |
| Expenses                  | RM300-RM1,500. Packages<br>are designed to give the<br>best value for money<br>compared with similar<br>services elsewhere.  | RM2,000-RM5,000, may<br>include invasive procedures<br>and unnecessary high price<br>tests.   | RM150-RM500, the<br>more wholesome<br>checks are usually not<br>available.  | RM100-RM400,<br>limited to laboratory<br>testing only.  |
| Report                    | Takes 1-2 days   | Takes about 1 week  | Takes about 1 week  | About 1 week  |
| Consultation<br>on report | Professional personnel that<br>is properly trained and<br>focused on early disease<br>detection and prevention,<br>as it requires different<br>experience and skills from<br>treating sick patients. | Time for explanation may<br>be limited as the<br>doctors/consultants are<br>orientated towards seeing<br>and treating sick patients.  | Time for explanation<br>may be limited due to<br>small scale of the<br>practice and more<br>work burden on the<br>doctor.                               | No professional<br>doctor service.<br>Report explanations<br>are done by<br>non-doctor<br>personnel who often<br>give inappropriate<br>analysis.        |
| Data storage              | Paperless operation with<br>digital medical infomation<br>system. Life-long e-data<br>storage and retrieval system<br>enables borderless and<br>continual health mainte-<br>nance and enhancement.   | Many hospitals are still<br>without digital medical<br>information system due<br>to the high cost of<br>implementation and<br>complexity of hospital<br>operations.               | Many newer clinics<br>have digital medical<br>data but do not<br>include the full range<br>of medical<br>information and<br>networking<br>capabilities. | Many newer clinics<br>have digital medical<br>data but do not<br>include the full<br>range of medical<br>information and<br>networking<br>capabilities. |
| Referral                  | Referral to the doctor of choice.  | Directly to disciplines<br>within the hospital.<br>However, 'over-referral'<br>may occur.   | Referral to doctors of the vicinity.  | No formal<br>professional referral.   |

## **Comparison Chart**

Comparison (BP Diagnostic Centre vs Lab vs Hospital vs General Practise Clinic)

| No.                     | Services  | BPDC        | Lab      | Hospital    | GP Clinic   |  |  |  |  |
|-------------------------|---|-------------|----------|-------------|-------------|--|--|--|--|
| SER                     | SERVICES  |             |          |             |             |  |  |  |  |
| 1.                      | Lab tests   | <b>I</b>    | <b>S</b> | <b></b>     | <b>&gt;</b> |  |  |  |  |
| 2.                      | Pap smear   | <b>a</b>    | <b>S</b> | <b>~</b>    | <b>&gt;</b> |  |  |  |  |
| 3.                      | Consultation by medical officer/specialist  | <b>&gt;</b> |          | <b>&gt;</b> | <b>&gt;</b> |  |  |  |  |
| 4.                      | Dispensary/pharmacy services  | <b>&gt;</b> |          | <b>&gt;</b> | <b>&gt;</b> |  |  |  |  |
| 5.                      | Resting ECG   | <b></b>     |          | <b>&gt;</b> | <b></b>     |  |  |  |  |
| 6.                      | Ultrasound procedures   | <b></b>     |          | <b>&gt;</b> | <b></b>     |  |  |  |  |
| 7.                      | Chest X-ray   | <b></b>     |          | <b>&gt;</b> | <b>&gt;</b> |  |  |  |  |
| 8.                      | Vaccination   | <b></b>     |          | <b></b>     | <b>&gt;</b> |  |  |  |  |
| 9.                      | Stress test   | <b>~</b>    |          | <b>~</b>    |             |  |  |  |  |
| 10.                     | Bone mineral density test   | <b></b>     |          | <b>&gt;</b> |             |  |  |  |  |
| 11.                     | Lung function test  | <b>~</b>    |          | <b>&gt;</b> |             |  |  |  |  |
| 12.                     | Audiometry  | <b>~</b>    |          | <b>&gt;</b> |             |  |  |  |  |
| 13.                     | Mammogram   | <b>~</b>    |          | <b>S</b>    |             |  |  |  |  |
| 14.                     | Body composition analysis   | <b>~</b>    |          |             |             |  |  |  |  |
| 15.                     | Hearing aid   | <b>&gt;</b> |          |             |             |  |  |  |  |
| 16.                     | Travel kit  | <b></b>     |          |             |             |  |  |  |  |
| 17.                     | Flu kit   | <b>&gt;</b> |          |             |             |  |  |  |  |
| 18.                     | Wellness coaching   | <b>~</b>    |          |             |             |  |  |  |  |
| 19.                     | Occupational health services  | <b>~</b>    |          |             |             |  |  |  |  |
| PER                     | SONNEL  |             |          |             |             |  |  |  |  |
| 20.                     | Medical doctor  | <b></b>     | <b></b>  | <b></b>     | <b></b>     |  |  |  |  |
| 21.                     | Qualified nurse   | <b>I</b>    |          | <b>2</b>    |             |  |  |  |  |
| 22.                     | Nutritionist  | <b>~</b>    |          | <b></b>     |             |  |  |  |  |
| 23.                     | Radiographer  | <b>~</b>    |          | <b>~</b>    |             |  |  |  |  |
| 24.                     | Pharmacist  | <b>~</b>    |          | <b>~</b>    |             |  |  |  |  |
| 25.                     | Sonographer   | <b>~</b>    |          | <b>~</b>    |             |  |  |  |  |
| 26.                     | Operation back-up by a team of professionals<br>(IT, engineer, accountant etc)  | <b>&gt;</b> |          | <b>&gt;</b> |             |  |  |  |  |
| PRI                     | CINGS   |             |          |             |             |  |  |  |  |
| 27.                     | Competitive pricing.<br>Packages well designed to give the best value for<br>money compared with similar services elsewhere | 9           |          |             |             |  |  |  |  |
| RESULTS TURNAROUND TIME |   |             |          |             |             |  |  |  |  |
| 28.                     | 1-2 days  | <b>~</b>    |          |             |             |  |  |  |  |

| No. | Services  | BPDC        | Lab | Hospital    | GP Clinic |
|-----|---|-------------|-----|-------------|-----------|
| REP | ORT COLLECTION & CONSULTATION   |             |     |             |           |
| 29. | Nationwide network to enable result collection,<br>doctor consultation or follow-up   | <b>Ø</b>    |     |             |           |
| 30. | Professional personnel focus on early disease<br>detection and prevention as it requires different<br>experience and skills from treating sick patients   | <b>&gt;</b> |     |             |           |
| REF | ERRAL   |             |     |             |           |
| 31. | Referral to doctor of choice.<br>No "over referral" VS hospitals  | 9           |     |             |           |
| STC | DRAGE   |             |     |             |           |
| 32. | Diagnostic tests in digital format, enable data storage and retrieval anytime   |             |     | <b>&gt;</b> |           |
| 33. | Digital result recording available to improve<br>accuracy, minimise human error and facilitates<br>doctor for proper assessment of a patient's health   | 9           |     | <b>&gt;</b> |           |
| cus | TOMIZATION  |             |     |             |           |
| 34. | Packages  |             |     |             |           |
| 35. | Result reporting format   |             |     |             |           |
| 36. | Group invoicing/accounting format   | <b>&gt;</b> |     |             |           |
| OTH | IERS  |             |     |             |           |
| 37. | Patients under the care of permanently-based<br>doctors who have been well trained in performing<br>diagnostic tests and health screening   | 9           |     |             |           |
| 38. | One-stop services under one roof with workflow designed to cater for health screening. All services conducted relatively quicker and efficiently  | 9           |     |             |           |
| 39. | <ul> <li>Non-hospital setting results in</li> <li>a) Personalised attention</li> <li>b) Efficient service</li> <li>c) Comfortable environment</li> <li>d) Minimised risk of contracting infectious diseases<br/>in hospital/clinic which cater to sick patients</li> </ul>  | <b>&gt;</b> |     |             |           |
| 40. | Sharing with ill patients limit space and comfort   |             |     | <b></b>     | <b>a</b>  |
| 41. | Posh design and high cost transfer to patients / customers  |             |     | <b></b>     |           |
| 42. | Being a centre for disease treatment, there will be more<br>tendencies to include more invasive procedures in<br>screening programmes attempting to discover every minor<br>condition in the body through invasive procedures without<br>apparent indication which is not practical. This could cause<br>unnecessary harm and financial burden. |             |     | 9           |           |

## BEFORE AND AFTER: OUR FOOD, OUR HEALTH

By Wong Kok Kin, Nutritionist



In this modern society, the quality of life has improved over the past 50 years. People have more choices for food especially those living in the urban areas. Owing to the change in standard of living and increased working hour, people prefer to eat fast and out than to indulge in home-cooked meals. Therefore, people nowadays have limited access to nutritious food as compared to what people use to get in the olden days.

In the olden days, our ancestors started working in the farm or field early in the morning and went to bed when the sun set. They ate what they planted in the farm such as vegetables, fruits and grains. Meat was considered 'wealthy' food and was not part of their daily diet. They only served meat during festive seasons such as Chinese New Year. Moreover, they walked or cycled most of the time as they did not have the luxury of driving as in modern days. Therefore, our ancestors led a healthier lifestyle as compared to us now.

In sharp contrast to our ancestors' healthy lifestyle, our preferred past-times are confined to sedentary activities such as staying up late watching movies, or Facebooking. Our favourite food which includes fast food, canned food, carbonated beverage, instant coffee, tea-bag, snack food, highly process food such as bacon, ham, refined food like white bread, white rice, deep fried food, sugary food such as candies and chocolates are devoid of essential nutritients and contribute very little to our body's needs.

Most people eat for the taste, and not for their health. Everybody is aware of the health benefits of eating more vegetables and fruits, and exercising and yet only a few people are actually eating healthy and exercising on a regular basis. Thus people need to be taught and guided to make healthy food choices and to do regular exercise. One of the reasons why we don't practice healthy eating and lifestyle is because of poor eating habits that we inherited from our early childhood. Thus, a child raised up in the vegetarian family will grow up to dislike meat, and vice versa. A child who was pampered with 'junk food' since young will grow up to love 'junk food'. Food choices are also affected by a person's culture and ethnicity. For example, Malaysians love durian, but Europeans may find it disgusting!

Therefore, education is the key to healthy living. Even though a child was raised up in a "junk food" family, good education and guidance in a healthy environment can slowly change the mindset later in life. If you are educated well to eat fruits and vegetables more than 5 types a day, it will eventually become a habit. When this happens, one day when vegetables or fruits are missing from your diet, you will find yourself very uncomfortable and you will feel like going out to eat a bunch of salad.



The use of supplements to achieve a healthy lifestyle has become an acceptable alternative since it is not easy to get people to eat healthy food on the regular basis. Supplement has been introduced into the market for at least 70 years in the United States, and has become more common worldwide for the past 20 years. Health professionals used to recommend balance diet in the past, but they are now more focused on optimum nutrition instead.

What is the difference? For the past 50 years, people were simply well nourished with balance diet. Due to the environmental pollution & increased use of commercial fertilizer, the nutrient contents of the same fruits and vegetables have been decreased dramatically for the past 20 years. People can no longer get sufficient nutrients from just a balanced diet. People now are being educated to take supplements in order to obtain essential nutrients at the optimal level. Thus, optimum nutrition helps people increase longevity, decrease the risk of developing diseases and cancers.



Many people are at risk of osteopenia due to the lack of dietary calcium.

For instance, if you are suffering from anaemia, iron with folic acid supplements will help you become more energetic. Many people are at risk of osteopenia due to the lack of dietary calcium, being less than 1000mg per day, which is equivalent to 3 glasses of low fat milk. Take calcium supplement with magnesium and vitamin D3 to increase bio-availability, especially for pregnant, lactating and post menopausal women. If you have been highly stress out from your job, or working night shift, then take vitamin B complex with other antioxidants such vitamin A or Beta-carotene, natural vitamin E, alpha-lipoic acid (ALA), selenium and so on. These nutrients can decrease stress level effectively and improve work efficiency.

In conclusion, our food, our lifestyle and our habit define our health. As time changes, we have to adapt accordingly to maintain a healthy living. Hence, eating what you enjoy, drinking what you like and doing what you love now may not be unhealthy if you strike a balance and eat, drink and do what you should, too.

## FOOD NUTRITION LABEL -WHAT'S IN OUR FOOD?

By ONG CHIANG HOCK, BP Food Testing Sdn Bhd



Most of us are not health-conscious when it comes to choosing our daily food intake. We usually look for delicious food instead of nutritious food.

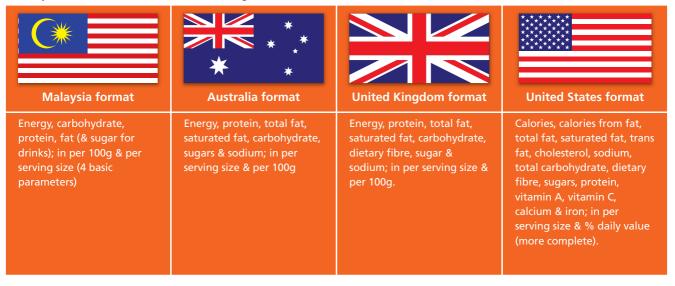
We need food to survive. We need food to give us energy for our daily activities. We have to make sure that what we eat is safe and nutritious. Improper diet intake may cause high cholesterol, hypertension, obesity, diabetic, gout (high uric acid), etc.

The public can refer to nutrition facts printed on the labels in order to obtain health information from food. Healthy foods are those that are generally high in protein, dietary fibre, vitamin A, vitamin C, calcium & iron, and low in fat, saturated fat, trans fat, cholesterol & sodium (salt).

Hence, paying attention to and understanding the food nutrition label help us consumers pick healthier food. According to laws and regulations governing food, food labels should include these 2 main information:

(i) the contents or ingredient, to be listed in decreasing quantity from the highest to the lowest contents or ingredients (ii) the nutrition facts

Basically, the formats for nutrition facts labeling are:



### What you need to know

The current nutrition facts information on our labeling system only has four basic categories. Malaysian food manufacturers are obliged to carry out only the four basic nutrition testing: energy, carbohydrate, protein and fat. Unfortunately, this is not enough to give us a complete picture of the content of nutrition in the food. Only companies that export their products are required to state more nutrition information, like the content of saturated fat, trans fat, cholesterol, etc.

Some useful information that you need to be aware of;

- 1) The use of monosodium glutamate (MSG) in food products is not illegal but the level of MSG has to be controlled. The problem arises when some manufactures trick consumers by replacing the word MSG with "yeast extract".
- 2) Another matter which consumers need to be careful about is the use of words on the labels like 'cheese crackers'. 'Cheese crackers' actually do not contain any cheese, but additives, flavouring and colouring. A manufacturer making such a claim can get into trouble.
- 3) Some manufacturers claim that their product contains 'Tongkat Ali' or spirulina. However, it is not easy to prove the presence or quantity of these herbal ingredients in food items. There need to be a regulatory board to set stricter guidelines on these issues so that consumers are well-informed and protected.
- 4) Preservatives help to maintain the quality of food and keep the food from deteriorating and getting spoilt, but must not be used in excessive amount as it may cause harmful effect to our health, especially artificial preservatives.
- 5) GMO, genetically modified food is produced and marketed for their improved shelf-life, resistance to pests and herbicides, and increased nutritional value. Controversially, the safety of GMOs in food chain has been questioned, as it is feared that it could introduce new allergens into foods, or contribute to the spread of antibiotic resistance.

As a consumer, you have the rights to know what you are buying. Learn how to read the labels properly to make sure that you know what is inside your food.

### Here are some tips for reading food labels:

- 1. Food labels should contain ingredients listing and nutritional facts. Information on weight (content and packing size) and expiry date must be read.
- 2. Ingredients should be listed in the order of decreasing weight from the highest (normally the first three ingredients) to the lowest. But, the list usually does not show the exact amount of each ingredient. Choose items that include listings of preservatives, flavouring, colouring and spices.
- 3. Don't be fooled by fancy-sounding herbs or other ingredients that appear very far down the list. The actual amount in the product is most likely miniscule. Some food manufacturers probably just use food labels as a marketing gimmick.
- 4. Remember that these food labels don't have to list chemical contaminants. Some foods can be contaminated with pesticides, solvents, acrylamides and other toxic chemicals and these will not be listed on the labels at all. Of course, the best way to minimise your ingestion of toxic chemicals is to buy organic, or go with fresh, natural, raw and "minimally-processed" foods.
- 5. Don't be fooled by the misleading wordings or claims. For example, when it comes to flour, the word 'wheat' is used. Please note that all flours derived from wheat can be called "wheat flour", even if it is processed, bleached and stripped of its nutrition.

For further enquiry on food testing and food nutrition food labels, please contact: BP FOOD TESTING SDN BHD

5001, 1st Floor, Jalan New Ferry, 12100 Butterworth, Penang. Tel: 04-3333448 Fax: 04-3239513 Email: bpft@bphealthcare.com



## AN OVERVIEW OF **OCCUPATIONAL SAFETY & HEALTH (OSH)** IN MALAYSIA Development, current status and implementation in workplace.

By Dr Chin Lee Giat



### What is occupational safety and health?

Occupational safety and health is a discipline with a broad scope involving many specialized fields. The definition of occupational safety and health by WHO and ILO reads: "Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job."

### Development of OSH in Malaysia

The role of occupational safety and health has existed more than 100 years ago. It started with steam boiler safety and then followed by introduction of Factory and Machinery Act 1967, which only covers occupational safety and health in the manufacturing, mining, quarrying and construction industries. After that, it continued with industrial safety, industrial safety and health that cover every work sector.

## New Era of OSH- after 1994

The current legislation on occupational safety and health which is Occupational Safety and Health Act (OSHA) was gazetted on February 1994. This Act covers 90% of the nation's total man power and exempts those working on ships and in the armed forces. The purpose of OSHA 1994 is to promote and encourage occupational safety and health awareness among workers and to create organisation with effective safety and health measures. This Act also defines the responsibilities of employers, manufacturer, employees, self-employed workers, designers, importers and vendors. There are three main principles that had been taken as the foundation in the drafting of this Act. The first principle is self-regulation. To handle issues relating to OSH, employers must develop a good and orderly management system. The second principle is consultation, where employers, employees and the government must negotiate to settle issues and problems relating to occupational safety and health at the workplace. The third principle is consert to take care, nurture and to increase the quality of occupational safety and health at the workplace.

This Act also provide for the appointments of enforcement officers, establishment of National Council for Occupational Safety and Health, formation of policy and arrangement of measures to protect safety, health and welfare of people at work.

The powers to enforce, to inspect and the liabilities for breaking the law are also clearly defined which the Department of Occupational Safety and Health (DOSH) is accounted for.

### Why employers need to establish OSH at workplace?

Management of health and safety in the workplace is not only a legal and moral obligation; it also makes good business sense. Attention to **safety** and **employee welfare issues** can yield valuable returns in **improving employee morale**, **reducing absenteeism** and **maintaining productivity**, while **cutting costs** arising from **accidents** and **compensations**. Work-related accidents or diseases are very costly and can have many serious direct (loss of income, loss of job, medicine cost) and indirect effects (example, suffering to family members) on the lives of workers and their families.

The costs to employers of occupational accidents or illnesses are also estimated to be enormous. Example of the cost to employers includes payment for work not performed, medical and compensation payments, repair or replacement of damaged machinery and equipment, reduction or a temporary halt in production, increased training expenses and administration costs and negative effect on morale in other workers.



### What can employer do to establish better occupational health at workplace?

Managing Occupational Safety and Health at the work place is no different than managing the other aspects of business. 3 simple steps to manage OSH in workplace are:

- 1. The workplace must have a Policy Statement on Occupational Safety and Health.
- 2. Have proper planning on Occupational Safety and Health. The employer can start by first identifying the hazards at the workplaces/processes. Then evaluate the risks for every activity being carried out. Subsequently take the necessary action to control the said hazards. Trainings and auditing are essential to make the planning process successful.
- 3. To take remedial action for any improvement to be made.



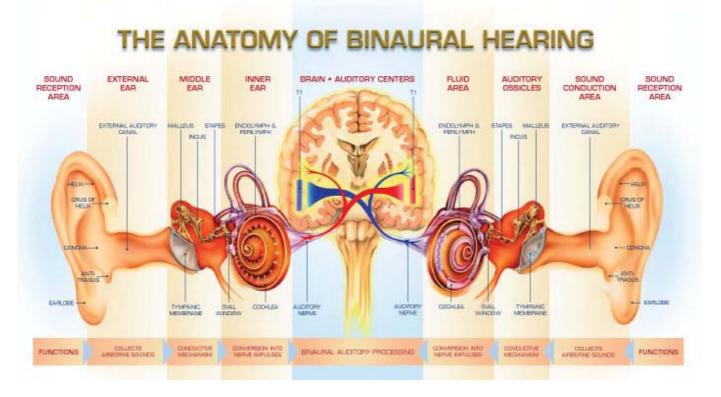
### **Occupational Medicine services**

No single occupational health and safety professional will have the answers to every occupational safety and health problem. Each occupational safety and health professions vary in the delivery of OSH services. Examples of occupational health professions are occupational health doctor, occupational hygienist, ergonomist, occupational health nurse, occupational therapist, occupational physicist, occupational safety and health officer, chemical health risk assessors and others.

In BP, we offer occupational medicine service. Occupational medicine is concerned with the influence of work on people's health as well as the effects of a person's health on work. The occupational health doctor is a competent person who has an extensive knowledge of the diagnosis, management and prevention of occupational diseases and injuries. The main responsibilities of an occupational physician are conducting pre-placement, periodic and special medical examination of employees apart from participate in health promotion in the workplace, rehabilitation and the management of occupational health services.

## BINAURAL HEARING AIDS ADVANTAGE

by William Chan, Acting Chief Operating Officer (COO) for Non-DC Services



Binaural hearing aids consist of two hearing aids, one for each ear, with the dominant ear tuned to recognize higher frequencies. The auditory signal from one side is delayed before being sent to the brain, allowing the person to locate the sound's origin and providing a sense of balance.

Our ears are naturally designed to work together to perceive sound. Binaural hearing helps us understand speech clearer, locate sounds and hear better in noise. As you lose your hearing, all three of those functions become compromised.

If you have a hearing loss in both ears and choose to only wear one hearing aid, you will still struggle with speech clarity, direction of sound and hearing in noise.

Because binaural hearing loss affects both ears, the best treatment is two hearing aids. This is similar to the way refractory problems in both eyes are treated with a pair of glasses; it makes sense that bilateral hearing loss should be treated with binaural hearing aids.

## FAQs: Do I really need two hearing aids?

While there are definite situations where a single hearing aid (monaural fitting) will be recommended – the vast majority of people with hearing loss in both ears will benefit from amplification in both ears (binaural fitting). We have two ears for some very good reasons: there are levels of the auditory system which receive information from both ears and provide our brains with valuable information. Here are some of the proven reasons why two ears are better than one.

- 1) Better understanding of speech. Research shows that people wearing two hearing aids routinely understand speech significantly better than people wearing one hearing aid.
- 2) Much better understanding in background noise (e.g. groups/crowds).
- 3) Better ability to tell where sounds are coming from (better localization).
- 4) Better and more natural sound quality.
- 5) Keeps both ears active resulting in potentially less hearing deterioration (the auditory deprivation effect or 'use it or lose it').
- 6) Hearing is less tiring and listening is more pleasant.

- 7) Binaural hearing results in a feeling of balanced reception of sound whereas monaural hearing creates an unusual feeling of sounds being heard in one ear.
- 8) Reduced feedback and whistling. Allow for lower volume control settings which reduce the chances of hearing aid feedback.

Research clearly shows that consumers prefer and are more satisfied with two hearing aids compared to one. Just as you use both eyes to see clearly, you need two ears to hear clearly. While there are certainly situations where one hearing aid will be recommended, the vast majority of people will benefit greatly by wearing hearing aids in each ear.

### Overview

BP Hearing Solutions is Malaysia's Largest Hearing Solutions Provider.

Backed by BP Diagnostic Centre's 30 years of expertise, infrastructure and professional team, BP Hearing Solutions has become Malaysia's leading provider of hearing healthcare.

Our services and products are available nationwide through our network of 30 diagnostic centres. When you visit any of our outlets you are sure to find professionals you can trust.

Our team of qualified medical doctor/doctors, audiologists, specialists, qualified nurses, trained hearing instrument specialists and other experienced ancillary staff will offer you accurate diagnostic and provide you with personalized hearing solutions.

### **Our Services**

All our consultations are free and without obligation, and we endeavour to recommend a solution based upon providing the best guidance for the individual.

We offer the widest range of digital hearing aids, ensuring that we select the most appropriate hearing aid for our customer's requirements and lifestyle.

All our hearing aids are professionally tested and fitted, and are provided with free after care service for the life of the hearing aid. All customers receive free hearing tests for life at any of our Diagnostic Centres.

### **Our Solutions**

We offer personalized hearing solutions:

- Personal consultation assessing individual needs
- Trials of hearing systems with no obligation. Decide for yourself.
- Expert fitting of hearing systems transforming precise engineering technology into a personal and unique product
- Consistently reliable after-care counseling and personal services.



For further enquiry on hearing aids and audiometry test, please contact:

BP HEARING SOLUTIONS SDN BHD 2, Jalan Pendaftar U1/54, Section U1, Temasya @ Glenmarie, 40150 Shah Alam, Selangor. Tel: 03-55699996 Fax: 03-55696827 Email: bphs@bphealthcare.com

## ELECTRONIC MEDICAL RECORDS (eMS) The Pros & Cons



by Reuben Poh, Director of IT & Communication

As we move into the new digital age, the storage of information has become paperless. This is true for such things from library catalogues to telephone directories. Similarly, in the medical field, Electronic Medical Records (EMR) is fast becoming a popular means of storing information and records in the developed countries.

An EMR is nothing more than a medical record of a patient in digital form.

For every new technology being introduced, there are always the element of "Yin" and "Yang".

The main advantages of EMR are as follows:-

#### 1) Reduce Errors in Medical Records

There is no doubt a lot of misinterpretation of handwritten records are due to misspelling, illegibility and different terminology being used. With EMR, it helps to eliminate errors due to bad handwriting. In addition, and standardization of patient health records will become achievable.

#### 2) Loss of Medical Records

Paper records can be easily lost through fires, floods and other natural disasters. While such hazards can also happen to EMR, it can still be backed up electronically and be stored offsite at multiple areas.

#### 3) Cost Effectiveness

EMRs make healthcare cost efficient by consolidating all data in one place. This is not the case for paper based records which are located in various places and getting access to all of them takes a lot of time and money. With EMR, information can be more easily accessed. So what are the disadvantages of EMRs?

#### 1) Privacy

Not many people are comfortable about having their entire medical history placed online as they worry that the system can be hacked and misused.

Big conglomerates like Google and Microsoft are quick in assuring patients of the safety of their online health accounts. Access to the patient's account is only possible using login and password. All data being transmitted are encrypted and they will use their highest security standards to ensure that the consumer's' health information are safe from theft, loss or damage.

#### 2) Loss of human touch

When a healthcare provider is busy entering information into an EMR, it can be easy to ignore the patient. The practice of medicine still needs elements of human touch and interaction, and some patients may argue that EMRs could detract the human side of the equation.

#### Where do we go from here?

At this moment, we are able to make EMRs standardized and efficient. Google Health, Microsoft Health Vault and other online personalized health information accounts are enabling patients to take control of their medical records.

The main issues that need to address are data security protection of privacy and gaining the confidence of the patients.

However, we are now living in a digital world where we cannot hold back progress indefinitely. With improved technology and data protection tools, such EMR issues can be resolved.

#### EMR @ BP

EMR is not a new thing at BP. In fact, BP started adopting EMR since the inception of BP Diagnostic Centre through its in-house system developed by BP Business Solutions, an MSC status company.

Today, the system is being used by more than 500 clinics in Malaysia and is the leading software in clinic management.

# TELERADIOLOGY & ECO-FRIENDLINESS

### What is teleradiology?

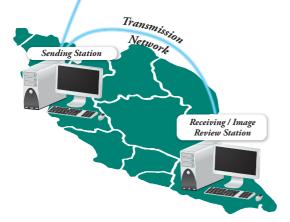
Teleradiology is the process of sending radiological patient images, such as x-rays, mammography, ultrasound, PET-CT, Computed Tomography (CT), and Magnetic Resonance Imaging (MRI) from one point to another through digital, computer-assisted transmission, for the purposes of interpretation and/or consultation. Typically this is done over standard telephone lines, wide area network (WAN), or over a local area network (LAN). Through teleradiology, images can be sent to another part of the hospital, or around the world for viewing and interpretation.

Transmission Network

## What are the components of teleradiology?

A basic teleradiology system consists of three major components:1. An image sending station2. A transmission network3. A receiving/image review station.

These components are interconnected as shown below.



Highly specialized software is used to transmit the images and enable the Radiologist to effectively analyze what can be 100's of images for a given study. Technologies such as advanced graphics processing, voice recognition, and image compression are often used in Teleradiology.

## What are the benefits?

#### 1. Save costs

Filmless, no storage space and no chemical required to process film

- 2. Save time Faster images acquisition and interpretation
- 3. Environment friendly No chemical used

## **Ecofriendliness of Teleradiology**

With teleradiology, no chemical is required because it is filmless. Therefore, the disposal of the harmful chemicals is not required. Since it is filmless, it does not require large storage space and disposal of old films which could be harmful to the environment.

Receiving / Image Review Station

### The future

With the development of higher speed internet and broadband, teleradiology has developed rapidly in three key areas. Firstly, subspeciality consultation will develop on an established base. This will enable general radiologists to avail themselves of skills in specialties such as neuroradiology or paediatric radiology. Secondly, interactive ultrasound imaging will facilitate the performance of examinations in health centres, general practice surgeries, and satellite hospitals under the distant supervision of a consultant radiologist.

Finally, the reporting of emergency radiology can be covered outside normal working hours. The radiologists will be able to provide 24 hours on call services from home to several hospitals.

Teleradiology is already an important everyday practice. Rapid expansion of teleradiology, driven by an ongoing desire for increasing cost effectiveness, will be seen in the near future. It is a useful tool to be used for greater benefit of patients and environment.

### BP Healthcare Group & Teleradiology

BPHG has been utilising teleradiology in their networks since 2006. Through the use of teleradiology, images of general X-ray and ultrasound are transmitted from one BP Diagnostic Centre (BPDC) to BPDC Cheras for reporting and consultations. BPHG will be having a centralised reporting and consultation teleradiology in BPDC Glenmarie soon for better, faster and accurate radiology reporting.

## AN EXTRAORDINARY YEAR FOR BP POLO







31 BP ALIVE 2011

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|------|-----|----|-----|--|
| July | 10, | 20 | 10: |  |

BP Polo played a friendly game against Blue Sky Polo Club New York with the score in favour of BP Polo, 9 to 7.

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## August 20, 2010:

Team Equus Hotel, comprising of Chevy Beh and 3 other team mates won the 2010 Inter-circuit USPA Tournament against Happy Trails Hawaii.

This tournament of 8-12 goal was played in honour of Fred Dailey, who represent the best of American polo and whose most prominent contribution was the revival of polo in Hawaii. The Inter-circuit Tournament is the highest level of the four USPA tournaments played at the Hawaii Polo Club this year.

## September 20, 2010:

University of Virginia, represented by Chevy Beh and 3 other team mates emerged as champion for The Harriman Cup against Yale at the Meadowbrook Polo Club.

This Cup is played annually to celebrate the polo tradition and to commemorate the life of diplomat, sportsman and former New York Governor Averell Harriman.

The day-long event brought attendees from all over the Tri-State and hosted a day of competitive polo, tailgating, dancing, live music by the East Coast Band, and featured children's activities such as free pony rides and face painting.









#### October 26, 2010:

A day to remember when Chevy Beh was elected as the Vice President of Equestrian Association Malaysia. He is the youngest VP ever chosen to represent and to lead the governing body for the development and promotion of equestrian events in the country.

#### November 21, 2010:

This date marked the 12th consecutive championship for University of Virginia in the William Field Cup USA.

However, nothing could make us happier than to know that the previous 7 victories were achieved together with the loyal participation of the Beh siblings: Chevy (3 years), Joevy (3 years) and Garvy (1 year). At the age of 16, Garvy is the youngest ever player to win the William Field Cup. Bravo!

#### December 2010:

A precious painting was presented as a gift by famous polo boots maker Eduardo Fagliano to Dato' Beh in Argentina.

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#### December 2010:

Chevy Beh with Tengku Mahkota Johor sharing the same passion in Palermo, Argentina

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#### **Contact List**

| CORPORATE OFFICE    | No. 275, Jalan Raja Permai:<br>Tel: 05 - 2418484 | suri Bainun (Jalan Kampar), 30250 Ipoh, Perak Darul Ridzuan.<br>Fax: 05 - 2419226  |
|---------------------|--|--|
| NORTHERN REGION     | Suite G1 & G2, Menara Per<br>Tel: 04 - 2292677   | nang Garden, 42A, Jalan Sultan Ahmad Shah, 10050 Penang.<br>Fax: 04 - 2272886      |
| METROPOLITAN REGION | Lot 2, Jalan Pendaftar U1/5<br>Tel: 03-55699996  | 4, Section U1, Temasya @ Glenmarie, 40150 Shah Alam, Selangor.<br>Fax: 03-55696827 |
| SOUTHERN REGION     | No. 67 & 67A, Jalan Harim<br>Tel: 07-3348722     | au Tarum, Taman Century, 80250 Johor Bahru, Johor.<br>Fax: 07 - 3348623            |

#### **DIAGNOSTIC CENTRE OUTLETS**

| LOCATION<br>Alor Setar<br>Batu Pahat<br>Bayan Lepas<br>Bukit Mertajam<br>Butterworth<br>Cheras<br>Damansara Utama<br>Glenmarie<br>Ipoh<br>Johor Bahru | TEL. NO.<br>+604 - 7349524<br>+607 - 4311759<br>+604 - 6410382<br>+604 - 5377889<br>+604 - 3246722<br>+603-91309163<br>+603-77259830<br>+603-55699996<br>+605 - 2559090<br>+607 - 3348722 | LOCATION<br>Kajang<br>Kangar<br>Kepong<br>Klang<br>Kluang<br>Kota Kinabalu<br>Kuchai Lama<br>Kuching<br>Melaka<br>Parit Buntar | TEL. NO.<br>+603-87337433<br>+604 - 9773285<br>+603-62593885<br>+603-33724748<br>+607 - 7717133<br>+6088 - 235241<br>+603-79810533<br>+6082 - 237037<br>+606 - 2869902<br>+605 - 7161262 | LOCATION<br>Penang<br>Pudu<br>Rawang<br>Segamat<br>Seremban<br>Subang Jaya<br>Sungai Petani<br>Taiping<br>Taman OUG<br>Tanjung Malim | TEL. NO.<br>+604 - 2292677<br>+603-92222800<br>+603-60931333<br>+607 - 9312980<br>+606 - 7616163<br>+603-56329473<br>+604 - 4258389<br>+605 - 8069907<br>+603-79802061<br>+605 - 4598522 |
|---|---|--|--|--|--|
| LAB OUTLETS   |   |  |  |  |  |
| LOCATION  | TEL. NO.  | LOCATION   | TEL. NO.   | LOCATION   | TEL. NO.   |
| Alor Setar  | +604 - 7315166  | Klang  | +603-33718637  | Penang   | +604 - 2263160   |
| Bahau   | +606 - 4551141  | Kluang   | +607 - 7715469   | Pudu   | +603-92222801  |
| Batu Pahat  | +607 - 4348813  | Kota Bharu   | +609 - 7453502   | Rawang   | +603-60926451  |
| Bentong   | +609 - 2235453  | Kota Kinabalu  | +6088 - 235241   | SEA Park   | +603-78771104  |
| Bukit Mertajam  | +604 - 5375889  | Kuala Terengganu   | +609 - 6221210   | Segamat  | +607 - 9311210   |
| Butterworth   | +604 - 3327944  | Kuantan  | +609 - 5081002   | Seremban   | +606 - 7616162   |
| Cheras  | +603-91308301   | Kuchai Lama  | +603-79879605  | Sibu   | +6084 - 317776   |
| Glenmarie   | +603-55696826   | Kuching  | +6082 - 237037   | Sitiawan   | +605 - 6923233   |
| Johor Bahru   | +607 - 3320833  | Melaka   | +606 - 2832086   | Sungai Petani  | +604 - 4292086   |
| Kajang  | +603-87364553   | Mentakab   | +609 - 2711102   | Taiping  | +605 - 8069907   |
| Kampar  | +605 - 4669784  | Miri   | +6085 - 441622   | Tanjung Malim  | +605 - 4598522   |
| Kangar  | +604 - 9773285  | Muar   | +606 - 9533485   | Tawau  | +6089 - 942179   |
| Kepong  | +603-62593884   | Parit Buntar   | +605 - 7165262   | Teluk Intan  | +605 - 6218205   |
|   |   |  |  |  |  |

| SUBSIDIARIES<br>BE-P PHARMACY | LOCATION<br>Ipoh<br>Glenmarie | TEL. NO.<br>+605 - 2559090<br>+603-55690936 | FAX<br>+605 - 2439196<br>+605-55670061 | EMAIL<br>dcipoh@bphealthcare.com<br>be-p@bphealthcare.com |
|-------------------------------|-------------------------------|---|--|---|
| BP FOOD TESTING               | Butterworth                   | +604 - 3333448                              | +604 - 3239513                         | bpft@bphealthcare.com                                     |
| <b>BP BUSINESS SOLUTIONS</b>  | Ipoh                          | +605 - 2537916                              | +605 - 2419226                         | bpbs@bphealthcare.com                                     |
| LABPRO                        | lpoh                          | +605 - 2418484                              | +605 - 2419226                         | labpro@bphealthcare.com                                   |

#### HOTLINE

1-800-88-7171

WEBSITE

www.bphealthcare.com

EMAIL

bphq@bphealthcare.com

#### **Enquiry Form**

Thank you for taking your time to read through our company updates and services available.

If you would like to know more about our services, kindly specify in the list below and send in your reply via

i) Call to 1-800-88-7171

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- ii) Email to corporate@bphealthcare.com
- iii) Fax to +605-2419226

#### Services by BP Healthcare :

#### **Corporate Package:**

- **P**re-employment Health Screening
- Occupational Health & Safety examination
- Panelship provider to companies
- **E**xecutive Health Screening examination
- BP Platinum Card
- BP Family Card
- BP Wellness Card
- Head2Toe Examination
- Health Risk Assessment in your company / workplace / activities
- Health Talk in your company / workplace / activities
- Hearing Test and Hearing Aids
- Travel Health Service
- BP Wellness Coaching Programme

#### Your contact information

| Name :                        |  |
|-------------------------------|--|
| Contact (HP) :                |  |
| Company / Organisation name : |  |
| Adress :                      |  |
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#### **BP IN THE NEWS**

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#### Poised for bigger growth

STARMETRO, WEDNESDAY 9 MARCH 2011 NEWS

BPHG on a RM100mil expansion drive nationwide



#### Testimonials

#### FROST & SULLIVAN

Suite E-08-15, Plaza Mont' Kiara 2 Jalan Kiara, Mont' Kiara 50480 Kuala Lumpur t: +603.6204.5800 f: +603.6201.7402 www.frost.com

May 30, 2011

Chevy Beh Group Investment and Finance Director BP Diagnostic Centre

Dear Chevy,

#### RE: CONGRATULATIONS – 2010 MALAYSIA FROST & SULLIVAN CUSTOMER VALUE ENHANCEMENT AWARD IN DIAGNOSTICS

BP Diagnostic Centre has been recognized as the **2010 Malaysia Frost & Sullivan Customer** Value Enhancement Award in Diagnostics.

This is a noteworthy accomplishment for BP Diagnostics because they are the <u>first company to be</u> awarded by Frost & Sullivan for customer value enhancement in Malaysia in diagnostic.

BP Diagnostics was established in 1982. Today, they are considered to be one of Malaysia's foremost well integrated healthcare providers in the field of diagnostics and laboratory services. Their facilities are well known to offer other complementary specialized healthcare services to provide a one-stop-service centre for its patrons. It is one of the first diagnostic centres in Malaysia to have obtained ISO9001. Currently, BPDC has over 30 centres established throughout Malaysia and currently expanding into rest of the South East Asia region with its first venture into Thailand recently.

BP Diagnostics made continuous efforts to provide value enhancing services to its customers. Introduction of paperless operation and utilization of multimedia system nationwide helped clients to avail their results in electronic format. This helps patients to take the detailed results in electronic form to other specialists of their choice.

Such IT enabled services helped BP Diagnostics to manage its patient's records on a long term basis, reduced human error at point of care/test, able to promote wellness and preventive care treatments on a regular basis and most importantly, it improved operational efficiency.

BP provides specialist care services in its comfortable non-hospital facilities. This reduces the chance of contracting chronic infections that are high in a conventional hospital environment.



As part of their corporate social responsibilities, BP Diagnostic conducts awareness programs for communities on latest healthcare issues. Apart from this, BP has tie-up with leading insurance companies, industrial partners like Plusmiles, pharmaceutical companies to provide value enhancing services with discounts and other benefits.

Wishing you every success. We look forward to working closely with you in the future.

Thank you.

Sincerely,

Reinté Das

**Reenita Das (Ms)** Senior Vice President, Asia Pacific & Latin America Healthcare Frost & Sullivan



#### **Testimonials**



H.E. Tun Dr. Mahathir Mohamad

**Board of Governors** 

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Dr. KKJohan Secretary General Reja Datuk Ropieah binti Raja Abdullah

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#### International BrandLaureates

Dr. Edward de Bono Sir Cliff Richard, OBE Prof. Robert Fry Engle III Bryan Robson (MU) KITARO Dr. John C. Maxwell. Robin Sharma Jack Canfield Valentina Tereshkova Alexei Leonov K.J. Choi Ivan Londi Yang Livei Katie Ford Ne-Yo Los Salonga Frances Yip Ian Rush Dr. Chester M. Pierce M.D. and many more ... April 8, 2011

Mr. Chevy Beh Yen San Chief Executive Officer B.P. Clinical Lab Sdn Bhd 275, Kampar Road 30250 Ipoh

Dear Mr. Chevy Beh,

#### The BrandLaureate SMEs Chapter Awards 2010-2011

On behalf of the Asia Pacific Brands Foundation (APBF), we're proud to announce that BP Diagnostic Center is the 1st diagnostic center in Malaysia to receive The BrandLaureate **SMEs** Chapter Awards – Corporate Branding – Best Brands in Wellness – Primary Healthcare and Screening.

We wish BP Diagnostic Center all the best and we hope that BP Diagnostic Center will continue to grow and succeed in every ways.

Best Wishes

Chew Bee Peng

Chief Executive Officer

#### www.thebrandlaureate.com

39B & 41B, SS21/60, Damansara Utama, 47400 Petaling Jaya, Selangor Darul Ehsan Tel: 603-77100348/349 Fax: 603-77100350 Email: info@thebrandlaureate.com

#### Trademart | CEO's NOTES



**BEGINNING** this March-April issue of *TradeMart*, we shall focus on selected National Key Economic Areas (NKEA) beginning with the Healthcare NKEA. Judging by the progress made so far, the Healthcare NKEA is expected to surpass its RM35.3 billion growth target, according to Health Minister Datuk Seri Liow Tiong Lai.

We speak to Dr Chua Hong Teck, the Healthcare NKEA Director, who elaborated in great length how key enablers have been identified and applied to grow the industry such as human capital, infrastructure, regulatory reform, cross-border alliance and marketing.

Moving on, we feature two exemplary homegrown companies in the healthcare sector – the BP Healthcare Group and WTK Technologies (M) Sdn Bhd. Founded in 1982, BP Healthcare is today one of Malaysia's leading integrated healthcare providers whose core competence and innovative strength in diagnostic, laboratory and medical technologies is complemented by various specialised healthcare services.

On the other hand, WTK Technologies has established itself in the international marketplace as the sole local manufacturer of a complete range of medical gas pipeline equipment, the design & build of a pre-fabricated modular operation theatre system as well as a manufacturer of an own nurse call system.

Elsewhere, KASS International in its regular column emphasises on the significance of Intellectual Property (IP) in the healthcare industry. This is especially so given drug discoveries for the treatment of diseases are one of the main drivers of this sector.

Regular columnist, AB Teoh, is also back with the third and final part of his article on formulating an export business plan. In our 'Exporters' Guide' section, we feature Uzbekistan, a landlocked country in the heart of Central Asia that shares borders with Turkmenistan, Kazakhstan, Kyrgyzstan, Tajikistan and Afghanistan.

Given that the country boasts the largest population in Central Asia (28 million people or 45% of the whole Central Asia), the doors are open wide for Malaysian consumer product suppliers to tap.

Happy reading!

Dato' Noharuddin Nordin Chief Executive Officer

## **GSK** GlaxoSmithKline cervical cancer can wait? Think preventing

Think again.

she was too young to Mistakenly thought get cervical cancer.

Indira, 22.

in a stable relationship. Discovered Jane, 25. Thought it was too late to get vaccinated because she is screening, can help protect her. vaccination, in addition to

thought she'd only be at risk if her mother had it. Sara, 38. Wrongly

# Act now to reduce your risk.

cervical cancer.<sup>2</sup>

# Talk to your doctor today

References: 1. Malaysian Cancer Statistics - Data & Figure Penmisular Malaysian 2006 2, GLOBOCAN 2008; IARC Cancer Fact Sheets; Cervical Cancer. Available at http://globocaniarcfr/factsheets/cancers/cervix.asp. 3. Castellsagué X et al. Gynecol Oncol 2009;115:515-523. 4. Dunne EF et al. JAMA 2007;297:813-819. 5. Goldie SJ et al. J Natl Cancer Inst 2004;96:604-615. 6. Harper DM et al. Lancet 2004;364:1757-1765. 7. Stanley M. Clinical Oncol 2008;2038-394.

# **OBD IN-HOUSE PRODUCTS**

## **BP Glucoscan**

**BP Travel Kit** 



#### Smart code key Easy to use <sup>-</sup>eatures

Why is it essential to traveller?

 All in One Cheaper

- Wide LCD screen
- Tiny blood sample size
- High accuracy & precision
- Nobel metal eletrode strip

 2 years expiry guarantee Availability of medicines Well designed package Quality of medicines

and many others

Accurate measurement in few seconds

### **BP Flu Kit**



#### Hand sanitizer Features

- Respirator

- Digital Thermometer

- 3-ply face masks

Please consult our staff for more details

and Audiogram

**Hearing Aids** 

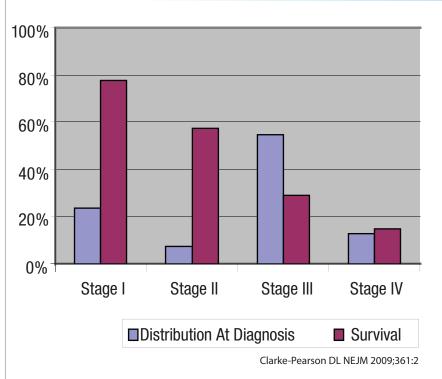


A community health message brought to you by:



#### **OVARIAN CANCER - Prevalent and Deadly**

- A disease in which ovarian cells grow uncontrollably and form a tumor
- 9<sup>th</sup> most common type of cancer and 5<sup>th</sup> most frequent cause of cancer-related death in women
- A woman's risk of getting ovarian cancer during her lifetime is about 1 in 71
- 50 % older than 60 years



Source: American Cancer Society 2010

Ovarian cancer is TREATABLE when detect EARLY

#### TWO STRONG PILLARS IN THE MANAGEMENT OF OVARIAN CANCER

#### **ABBOTT ARCHITECT HE4 + CA125**





Put science on your side.

#### **BP HEALTHCARE GROUP**

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