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## **Collaborative Governance in Realizing The Medical Tourism Program in Siak District**

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Benny Chairuddin <sup>1</sup>, Sujianto <sup>2</sup>, Harapan Tua RFS <sup>3</sup>, Adianto <sup>4</sup>

### ***Abstract:***

*Siak Regency has great potential to develop the medical tourism sector as an effort to diversify the economy and improve health services. This research aims to explore the concept of Collaborative Governance as an effective approach to realizing the medical tourism program in Siak District. The research method used is a literature study, by analyzing various sources related to Collaborative Governance and its implementation in the context of medical tourism. The results of the analysis show that Collaborative Governance can be a relevant and effective framework in facilitating cooperation between the government, the private sector, and the community in the development of medical tourism programs. This collaboration allows for resource synergy, improved accessibility of health services, and the development of supportive tourism infrastructure. The implications of these findings can serve as a foundation for local governments, the private sector, and the community to actively participate in the process of developing a medical tourism program. By utilizing the principles of Collaborative Governance, it is hoped that Siak Regency can achieve sustainability in developing the medical tourism sector as an integral part of efforts to diversify the economy and improve community welfare.*

**Keywords:** *Collaborative Governance; Regional Development; Medical Tourism*

## **1. Introduction**

Health tourism is believed to have existed for centuries. People travel to hot springs to gain fitness benefits and obtain healing from illnesses. Many Indonesian citizens are willing to travel abroad to treat their illnesses in international hospitals in the hope of getting well soon, but also to enjoy tourism for the patient's family. Health tourism is a travel activity of a person or group of people with the aim of receiving health services (RI, 2017). There are three components in health tourism, namely medical tourism, fitness tourism and spa tourism (Peeters and Dubois, 2017). Medical tourism is tourism carried out by people with the aim of obtaining medical services. Indonesia has great potential as a health tourism destination. So far, Indonesia has been the target market for medical tourism in neighboring and surrounding countries. The potential loss of foreign exchange due to Indonesian patients seeking treatment abroad reaches trillions of rupiah (Wiweko, 2016), so the government is trying to reduce it by starting to seriously work on health tourism programs, including medical tourism.

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<sup>1</sup> Universitas Riau, Indonesia, [bc.map12@gmail.com](mailto:bc.map12@gmail.com)

<sup>2</sup> Universitas Riau, Indonesia, [sujianto@lecturer.unri.ac.id](mailto:sujianto@lecturer.unri.ac.id)

<sup>3</sup> Universitas Riau, Indonesia, [harapan.tua@lecturer.unri.ac.id](mailto:harapan.tua@lecturer.unri.ac.id)

<sup>4</sup> Universitas Riau, Indonesia, [adianto@lecturer.unri.ac.id](mailto:adianto@lecturer.unri.ac.id)

Medical tourists travel to benefit from affordable medical services, better doctor competence, and faster time to receive medical services (Debata 2013), as well as improve the balance of body and soul care through medical services (Austin et al, 2013). According to (Singh and Khare, 2014) medical tourism is defined as travel explicitly to receive medical treatment in a foreign country. Patients in the medical tourism category look for specific quality services offered by hospitals or health institutions in the destination country.

However, organizing medical tourism cannot be implemented without considering the quality of medical performance in each country. One of them is Indonesia. Medical tourism does not only consider the natural or geographical conditions of the country providing health facilities. Service quality is the main factor for tourists visiting destination countries. Indonesia has good natural quality but still needs to improve the quality of good health or medical services. Basically, Indonesia has a big opportunity to develop this medical potential. Judging from the competence of professionals in the health sector which is quite good, this medical tourism can be an opportunity for the Indonesian state or government to increase the country's foreign exchange. In order to be able to develop the potential of medical tourism in Indonesia, there is a need for cooperation between stakeholders to be able to promote the potential of medical tourism.

Collaborative governance is an approach to decision-making and policy implementation that involves various parties, such as the government, private sector, non-governmental organizations, society, and others. In the context of the medical tourism program in Indonesia, collaborative governance can be a key factor in realizing the program. Collaborative governance actively involves interested parties in policy formulation and program implementation. The concept of collaborative governance is defined as a cooperation model that involves non-state actors in the collective decision-making process in the context of making or implementing public policy. Meanwhile, Bingham and O'Leary explained that there are two collaborative dimensions in government relations and cooperation, namely, first, it is intermittent (temporary) and the second is permanent; and can take the form of formal coordination, partnerships, coalitions, or formal networks (Putri and Chotimah, 2018). Ansell and Gash (2018) stated that there are 5 stages or processes in collaborative governance. First, is face-to-face dialogue, namely how to build collaboration based on direct dialogue between the actors involved. Direct dialogue is needed to identify opportunities that provide benefits to collaborating parties. Second, trust building where the collaborative process is not just negotiation but also builds trust between the stakeholders involved. Third, commitment to the process, namely the level of stakeholder commitment to collaborate is the main variable for whether the collaboration will be successful or not. Fourth, shared understanding, namely how stakeholders have a common understanding about what targets are the final goals. Fifth, intermediate outcomes are intermediate results in the collaboration process which are the main elements for building momentum that can direct the success of the collaboration itself. Apart from the collaboration process, other variables can support achieving success in the collaboration process namely initial conditions, institutional design, and the presence of facilitative leadership.

In the context of medical tourism, this means involving hospitals, clinics, doctors, medical associations, travel companies, local governments, and local communities to work together to design and manage these programs. Through collaboration, various parties can pool their resources, including financial, technical, and human resources, to develop better medical infrastructure, accommodation facilities, tourism promotion, and other supporting programs. Collaborative governance has the potential for holistic policy development. In the context of medical tourism, this may mean designing policies that cover medical regulations, health visas, tourism promotion, and other supporting policies necessary to support the growth of the medical tourism industry. By involving various parties, medical tourism programs can improve the quality of health services provided to patients. This can include developing service standards, training medical personnel, as well as using the latest medical technology.

Analysis of discussions regarding the Collaborative Governance Regime (CGR) by Emerson and Nabatchi (2015) reveals striking gaps and novelty aspects. In terms of gaps, first, there are contextual deficiencies that emerge because the discussion has not fully focused on the specific context in which the CGR model can be applied. The unique conditions of each environment and sector can influence the effectiveness of these models, and not focusing on these can make identifying the relevance and suitability of the model difficult. Second, criticism of the excessive idealism of the CGR model appears without being accompanied by an in-depth discussion of strategies for dealing with chaos or the challenges of collaborative practice. Lack of thought about potential solutions can obscure the model's practicality in dealing with complex situations.

Meanwhile, in terms of novelty, several aspects stand out. First, the proposed CGR typology provides a new contribution in classifying and understanding different types of collaborative regimes. This typology provides a clear guide to understanding differences in locus of control at the initiation and implementation stages of collaborative activities. Second, the focus on strong engagement and institutional design adds a practical dimension to the understanding of key factors that can enhance collaboration effectiveness. This provides a solid basis for planning and implementing successful collaboration by considering aspects of engagement and institutional design. Third, the self-CGR typology approach that includes initiation, independent organization, and external direction provides a more nuanced view of the internal and external dynamics in collaborative regimes, which can provide valuable assistance to stakeholders in determining participation strategies. Overall, while the need for an emphasis on specific contexts and strategies for addressing challenges emerges as a gap, the CGR typology and focus on engagement and institutional design stand out as significant contributions in enriching the understanding of collaboration and broadening the scope of the literature in this area.

Through collaboration, medical tourism programs can empower local communities by providing employment opportunities and skills training in the health and tourism sectors. In order to realize a medical tourism program in Indonesia, collaborative governance can be an effective approach to ensure the sustainability, quality and success of the program by involving various parties with different interests and

capacities. Siak Regency is one of the districts in Riau Province which has a diversity of natural tourism potential. Districts that are rich in tourist destinations have the potential to become medical tourism destinations. In Siak Regency there are various hospitals with various levels of accreditation. In this case, research will be carried out to identify the potential for medical tourism in the Siak Regency area.

## **2. Theoretical Background**

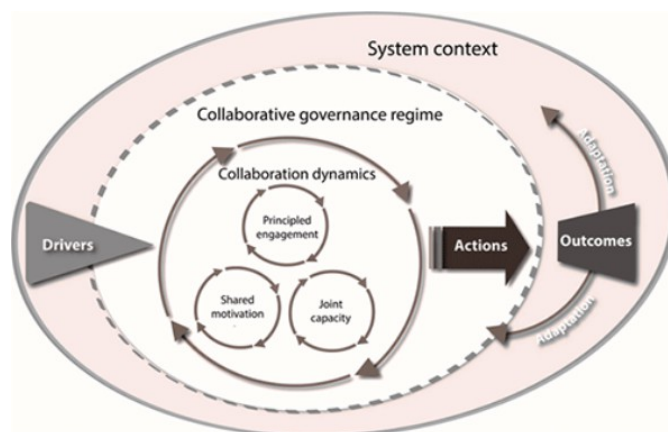
In this research, the definition from Smith & Puckzo is used. Health tourism consists of various components. According to research conducted by the Policy Department of the European Parliament (Peeters et al., 2017), it explains that there are 2 forms of medical tourism, including medical tourism and domestic medical tourism. Medical tourism is travel abroad to obtain medical treatment (Medical tourism, the phenomenon of people traveling from their usual country of residence to another country with the expressed purpose of accessing medical treatment). Domestic Medical Tourism is travel undertaken within the country to obtain medical treatment. "Domestic Medical Tourism is where people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care".

Collaborative governance is the right pattern to discuss shared ownership, and understanding the roles between actors to handle problems in the region. Collaborative governance is a forum used to achieve a certain goal. In line with what is explained by Jung et al., (2009) it is a process of forming, driving, facilitating, operationalizing, and monitoring cross-sectoral organizational arrangements in solving public policy problems that cannot be solved by just one organization or the public alone. In this context, Collaborative Governance is a model, where in developing a region, the government cannot independently manage the region, so the role and function of the government are no longer dominant, the role and function of other stakeholders are needed to solve problems and accommodate public needs. The roles of the actors involved include the roles of government, the private sector, the general public, academics, and the media.

According to Baines and Zadek in O'Brien (2012), Collaborative Governance is a public-private partnership, essentially collaborative initiatives between state and non-state, commercial and non-profit actors have been born out of their participants' pragmatism. Based on the explanation above, it can be seen that collaborative government is a public-private partnership, which is basically a collaborative initiative between state and non-state, commercial and non-profit actors that is born from pragmatic participation. Collaboration is a form of cooperation that involves several parties who are then united by a real view or goal. This makes the collaborative government system have its own role between the elements within it. According to Ansell and Gash (2008) explain that collaborative governance is a new strategy in government governance that makes various policy stakeholders gather in the same

forum to create a common consensus. Ansell and Gash emphasized that there are 6 criteria in the collaborative governance process. First, the forum was initiated by a public institution; second, participants in the forum must include non-governmental actors; third, participants must be directly involved in policy making and not just "consult" with the government; fourth, the forum must be formally organized and have regular meetings; fifth, the policies taken must be based on consensus; and sixth, collaboration focuses on public policy or public management (Ansell and Gash, 2008).

This research uses the integrative framework for collaborative governance from Emerson and Nabatchi (2015) as a grand theory, this can be seen in the image below:



**Figure 1. Collaboration Governance Framework**

Source: Emerson and Nabatchi (2015)

Based on the picture above, it can be analyzed that the Emerson and Nabatchi (2015) model reveals several key points. First, the main idea of this theory emphasizes that strong involvement will result in fairer and longer lasting determinations. This belief reflects the view that intensively involving various parties in decision making can improve the quality and sustainability of policies, however, this also requires careful institutional design and effective resource management. Second, collaborative arrangements require deliberate institutional design and wise utilization of resources. Recognition of the need for deliberate institutional design emphasizes that collaboration does not occur naturally but requires clear structures. Third, the CGR typology includes self-initiated, independently organized, and externally directed CGR, providing guidance for understanding the locus of control in the initiation and implementation phases of collaborative activities. Fourth, a major criticism of the model is its overemphasis on motivation and idealized internal dynamics, which can ignore the complexity and messiness of collaborative practice. Finally, the idealized approaches by Ansell and Gash and Emerson and Nabatchi tend to emphasize idealized collaborative processes and dynamics, giving less consideration to the reality of imperfections and challenges in reaching collective agreements. The overall analysis shows that the CGR model has advantages in highlighting the importance of

strong engagement and good institutional design, but also shows limitations in responding to the chaos and complexity of everyday collaborative practice.

### **3. Methodology**

This research uses a qualitative approach with primary and secondary data analysis methods. Secondary data consists of media and internet information. This research focuses on the UPTD Hospital, Tengku Rafi'andi Regional General Hospital, Siak Regency. Research requires a good and structured approach to achieve the desired results, and one of the methods used in this research is the qualitative method. According to Sugiyono (2013), qualitative research methods are an approach used to explore and give meaning to data obtained from individuals or social groups, using words as an analytical tool. Researchers used the Purposive Sampling method in determining interview informants for the qualitative phase (Sugiyono, 2013). Purposive Sampling is a technique for determining research samples with certain considerations with the aim of making the data obtained later more representative. This was done because this research has already determined several informants chosen deliberately by the researcher who will be needed in this research. In this research, the data collection techniques used include (Sugiyono, 2013) observation, interviews, literature study, and documentation. The data analysis process in this research was carried out in four stages according to Miles and Huberman in Sugiyono (2013), namely: Data Collection, Data Reduction, Data Presentation, and Conclusion Drawing.

### **4. Empirical Findings/Result**

According to Ansell and Gash, Collaborative Governance is built through dialogue and face-to-face communication between stakeholders. The process of collaboration is oriented towards consensus or agreement, this then makes face-to-face communication a very important stage in the collaboration process. This face-to-face process is the core of the process of building trust, mutual respect and commitment to the process. In implementing the work plan for developing medical tourism in Siak Regency, meetings are routinely held with stakeholders consisting of the Health Service, Community, media, academics and the business sector.

The implementation of Collaborative Governance in the implementation of Medical Tourism development in Siak Regency is based on a common goal or vision. The aim is to increase and develop medical tourism in Siak Regency. This meeting was held to discuss preparations and all the instruments needed to develop medical tourism in Siak Regency. In this meeting, it was discussed what programs the government has and the amount of contribution that can be made and made by the private sector and the surrounding community. The increasing number of tourists in Siak Regency is one of the driving factors for developing the potential of medical tourism in Siak Regency.

**Tabel 1. Number of Tourists in Siak Regency**

No.	Month	Year				
		2018	2019	2020	2021	2022
1.	January	36.273	54.903	44.826	6.603	45.711
2.	February	23.366	44.213	19.321	13.048	24.389
3.	March	21.081	55.078	11.831	36.062	24.809
4.	April	25.203	48.904	-	198	7.156
5.	May	19.484	21.855	-	-	184.363
6.	June	61.200	115.855	4.090	58	27.764
7.	July	58.313	52.449	6.505	3.699	31.025
8.	August	22.603	33.911	-	2.610	19.479
9.	September	18.903	26.038	-	2.977	18.963
10.	October	16.308	33.566	-	13.644	20.047
11.	November	16.112	43.522	7.630	14.304	21.944
12.	December	68.020	87.554	18.925	36.853	53.112
Total		386.938	618.019	113.128	130.036	478.762

Source: Final Report on Preparation of the Siak Regency Regional Tourism Development Master Plan (RIPPDA), Siak Regency Tourism Office 2022

Tabulation of data on tourist visits for the five years 2018-2022 can be seen that there are more domestic tourists than foreign tourists. Domestic tourist arrivals were the highest in 2019 with a total of 618,019, while the lowest number of visits was in 2020 with 113,128. During this five-year period, tourist visits to Siak Regency experienced fluctuations. This was also influenced by the COVID-19 pandemic which limited tourist visits to Siak Regency. In efforts to develop medical tourism, a planning document is needed in the form of a strategic plan for the development of Medical Tourism services, which is an administrative requirement in submitting an application for the designation of a hospital with medical services.

### **Collaborative Governance In Realizing The Medical Tourism Program In The Siak District**

The hospital has prepared a planning document for upgrading to class B towards hospital tourism which includes:

- Master Plan (Master Plan) for development of Hospital Area planning/Block plan and site plan for medical tourism development
- The concept of zoning and development as well as facility planning in each building and floor plans for each facility
- Plans for superior services and supporting facilities for medical tourism and wellness centers.

The Wellness Center is a new building typology related to health that accommodates activities that are healthy for the body and soul. Activities in the form of meditation and spa are the main functions of the Wellness Center, where apart from making the body healthy it also teaches a healthy lifestyle and keeps you away from disease. By combining the science of permaculture, it is hoped that we will be able to create a Wellness Center that is integrated with natural conditions and cycles. The mindfulness treatment and green space concept approach became the basis for developing the Wellness Center design which is the answer to overcoming human behavior and natural damage. This service can also combine Health, Dental, and Dermatology

Screening services. The Wellness Center functions as an integrated center that provides a variety of well-being services for people who want to improve their overall well-being status.

- d. Proposed stages for the hospital development plan to upgrade to class B towards hospital tourism (physical development, development of existing services, land planning, procurement of medical equipment, and human resource development).

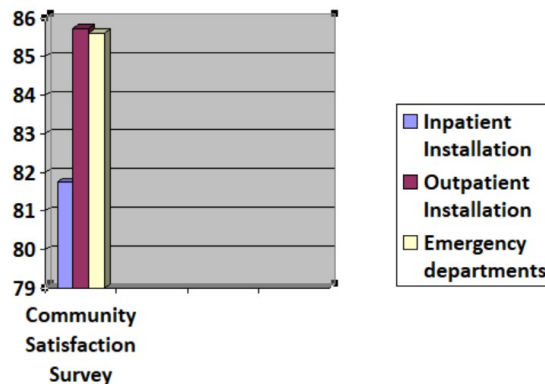
To be able to build a good development plan, there needs to be trust and commitment formed between stakeholders. The formation of trust between parties cannot be separated from the establishment of good communication between all parties involved in the development of medical tourism in Siak Regency. The initial process of forming mutual trust cannot be separated from the same vision and mission in this case for the sustainability of tourism in the area. Apart from that, trust is also formed from ongoing informal communication between all parties so that it is hoped that it will have an impact on the openness of each stakeholder in providing their perspective so that the goals set out at the beginning can be achieved. Apart from that, the commitment of each stakeholder refers to the Contract. Concepts and innovations which are actually new in Siak Regency must be strengthened with regulations that clearly regulate governance and multi-stakeholder collaboration in line with the specific objectives of medical tourism, namely:

- [1] Improving the quality of service and patient safety in supporting the implementation of medical tourism services in hospitals.
- [2] Availability of standards for organizing medical tourism services in hospitals.
- [3] Develop cooperation between the health and tourism sectors in medical tourism services.
- [4] Encourage hospitals to be able to compete in medical tourism services so that they can play a role in increasing the number of tourists, both local and foreign.

The challenges faced when implementing medical tourism in Siak Regency are related to unpreparedness and even rejection from the community, environment and human resources in hospitals regarding the development of medical tourism. Apart from that, work culture and HR competencies that are not yet at international standards also pose challenges in providing superior services. The perception that medical tourism requires large costs and the comparison between the quality of services abroad and at home is a problem in itself that determines the success of the development of medical tourism. The special service flow for Medical Tourists is different from other services in that it aims to provide quality, fast and friendly service so that the work culture and mindset of service providers are the main points that must be improved. The government's strategy in the form of World Class Health Care aims to develop several hospitals so that they can be nationally accredited at the plenary level. It is hoped that this international standard hospital can support efforts to develop medical tourism. Tourism activities are integrated with access to health services, both for treatment and for medical check-ups. Human resources for medical tourism services at hospitals are qualified and at least able to communicate in English. These human resources consist of health workers and non-health workers. This can be realized if the mindset and



work culture are improved and oriented towards increasing potential so that they can compete with domestic and foreign hospitals for organizing medical tourism.



**Figure 2. Community Satisfaction Survey, RSUD Tengku Rafi'an Siak District**

Source: processed by researchers, 2023

Based on the picture above, it can be analyzed that the provision of health services that support the development of medical tourism in Siak Regency is reflected in the achievements of Tengku Rafian Regional Hospital. Firstly, RSUD Tengku Rafian received an award as an RSUD that contributes significantly to health services, as evidenced by recognition from the Regional Office of the Ministry of Law and Human Rights of the Republic of Indonesia in 2023. This award reflects RSUD's commitment to providing quality health services. Furthermore, Tengku Rafi'an Regional Hospital also won the achievement as the best-committed hospital in regional 2 BPJS health services (Riau, West Sumatra, Jambi, and Riau Islands) for the class C hospital category in 2020. The award from BPJS Health indicates that RSUD not only provides high-quality services but also has a commitment to the accessibility of health services for the wider community.

Tengku Rafi'an Hospital was also recognized as a role model in providing public services in the "Good" category by the Ministry of State Apparatus Empowerment and Bureaucratic Reform in 2019. This award shows that the hospital not only focuses on medical aspects but also has effective management and is committed to providing the best service to the community.

Apart from these achievements, the results of the 2021 Community Satisfaction Survey (SKM) in the UPTD Environment of Tengku Rafi'an Regional Hospital show that the level of satisfaction of the community using services is in the "very satisfactory" category. The results of this SKM reflect the continued quality of RSUD services and positive support from the community for the health services provided. Overall, this achievement and recognition provide a strong foundation for Tengku Rafi'an Regional Hospital as a health service provider that plays a role in developing medical tourism in Siak Regency.

Collaborative Governance is an approach where various interested parties or stakeholders are involved in the decision-making process and program

implementation. In the context of Realizing the Medical Tourism Program in Siak Regency, several stakeholders who may be involved are as follows, along with their respective roles:

[1] Siak Regency Regional Government:

Role: Develop policies and regulations related to medical tourism.

Task: Create a conducive environment for the development of medical tourism, provide incentives to the private parties involved, and ensure program sustainability.

[2] Siak Regency Tourism and Culture Office:

Role: Acting as a liaison between the government and the private sector, and ensuring effective promotions to attract medical tourists.

Duties: Develop marketing strategies, manage medical tourism promotions, and monitor the quality of health services in the region.

[3] Private Parties (Hospitals, Clinics, Hotels, etc.):

Role: Provide necessary facilities and services to medical tourists.

Duties: Improve the quality of health services, participate in promotional programs, and collaborate with the government to create attractive medical tourism packages.

[4] Local Community:

Role: Supports and participates in medical tourism promotion efforts.

Duties: Welcome the presence of medical tourists, provide support to medical tourism initiatives, and maintain the cleanliness and friendliness of the area.

[5] Colleges and Health Education Institutions:

Role: Provide high quality human resources for the health sector.

Duties: Develop education and training programs for health workers, collaborate with the private sector for research and development, and support public health education programs.

[6] Medical Tourism Association and Related NGOs:

Role: Be a voice for the common interests of stakeholders related to medical tourism.

Duties: Assist in advocacy, provide policy input, and ensure that mutual interests are understood and accommodated.

[7] Local Media and Journalists:

Role: Spread positive information and promote medical tourism destinations.

Duties: Report the success and excellence of the program, as well as highlight the positive impact of medical tourism on the local community and economy.

Within the framework of Collaborative Governance, all stakeholders need to work together to achieve a common goal, namely realizing a medical tourism program in Siak Regency. Collaboration and coordination between stakeholders will be the key to success in developing the medical tourism industry in the area.

**Table 2. Analysis of Medical Tourism Collaboration Governance Research Results**

Drivers	Collaboration Dynamics		Actions	Outcomes (Adaptation)	System Context
Increased interest in medical tourism, the complexity of health problems, and the need to strengthen health infrastructure are driving collaboration in developing this sector in Siak Regency.	Principle Engagement	The principles of inclusivity, trust and shared responsibility form the basis for interaction between actors.	Concrete steps could include creating joint policies, implementing integrated health programs, exchanging information between institutions, and coordinating medical tourism activities.	The results of collaboration can include improving the quality of health services, innovation in the development of medical tourism packages, increasing operational efficiency and effectiveness, as well as positive impacts on social change in society.	Based on Minister of Health Regulation Number 76 of 2015 concerning Medical Tourism Services Tengku Rafi'an Regional Hospital has initiated an elevation strategy to advance its classification to Class B in the realm of medical tourism. This involves the formulation of a comprehensive strategic master plan geared towards the development and enhancement of hospital tourism.
Relevant parties, such as local governments, the health sector, tourism actors, academics and the community, can be identified as actors who respond to these drivers to jointly implement medical tourism initiatives.	Shared Motivation	Each actor, including local governments, health facilities, tourism actors, academics and the community, must have strong motivation to participate in this collaboration to achieve common goals, such as improving health services and promoting medical tourism.	Every actor in the pentahelix must be actively involved in taking these actions, including producing joint policies, involving the community in health programs, and coordinating joint efforts.	Every actor can feel the positive results of this collaboration, such as local governments getting an increase in reputation and income from medical tourism, health facilities improving the quality of service, tourism actors getting increased visits, and the community getting better health benefits.	
	Join Capacity	Relevant institutions, such as hospitals, local governments, and educational institutions, must have the capacity to communicate effectively,			

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collaborate, and contribute to the implementation of medical tourism programs.
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Source: Processed by researchers, 2023

The research results show that Collaborative Governance makes a positive contribution to realizing the medical tourism program. Collaboration between local governments, the private sector, and the community is the main key to optimizing the potential of this sector. In the context of medical tourism, Collaborative Governance enables resource synergy between various parties. Governments, hospitals, the tourism industry, and local communities can jointly contribute to achieving common goals, such as increasing the accessibility of health services and developing tourism infrastructure. The research underscores the need to develop tourism infrastructure that supports medical tourism programs. Through Collaborative Governance, related parties can work together to ensure that there are adequate health facilities and tourism infrastructure that meet standards. Active involvement of local governments, the private sector, and the community is the key to success. Active participation from all parties can ensure effective and sustainable policy implementation in developing medical tourism programs. The research findings confirm the relevance of Collaborative Governance in the context of medical tourism programs. This model not only addresses complex challenges but also promotes sustainability in the development of the medical tourism sector.

Barriers to Collaboration Governance in the Implementation of Medical Tourism Obstacles in implementing medical tourism in Siak Regency can be identified as follows:

- [1] The absence of arrangements/regulations related to hospital tourism at the district level and a lack of integration with tourism sector policies are the main obstacles. Without a clear regulatory basis, it is difficult to develop medical tourism effectively.
- [2] Limited accessibility and connectivity between tourist destination infrastructure is a significant obstacle. This includes incomplete accessibility of public infrastructure, public facilities, and tourism facilities needed to support the development of tourism destinations and ecosystems.
- [3] Disconnection between modes of transportation is also a significant obstacle. Without good connections between various modes of transportation, ease of movement to obtain medical tourism services and other tourism services will be limited.
- [4] There are obstacles in promotion related to limited tourism potential. The absence of a medical tourism promotion activity plan that is integrated with tourism potential is an obstacle to increasing destination visibility.
- [5] Another obstacle involves Tengku Rafi'an Regional Hospital, where superior services have not been determined to compete with similar services in other countries. Apart from that, deficiencies in the formation of a Medical Tourism Work Team, a lack of standard operational procedures for Medical Tourism

services, as well as the absence of cooperation with travel agencies and commercial and international health insurance are internal obstacles that limit RSUD's progress in realizing medical tourism.

- [6] In the external sphere, obstacles involve limited competent health and non-health personnel, especially in the field of superior services and international standards. Limited resources, both in terms of budget and supporting service facilities, are also an inhibiting factor.

Other factors involve developments in information technology, security issues, environmental health, and economic, social, cultural, and natural disasters. The lack of optimization of the arrangement of tourist attractions in terms of security, order, cleanliness, and beauty as well as the government's still limited budget for developing medical tourism are also obstacles that need to be overcome. Apart from that, the community's mindset and work culture are not yet at international standards, the lack of readiness of the community around tourism destinations, as well as promotion that is not optimal and a lack of stakeholder understanding and awareness of medical tourism also completes the picture of the obstacles faced. Lastly, limited data, knowledge, information technology, and communication in the health sector, especially related to medical tourism, as well as the high costs of international standard medical procedures, and the lack of unique health services that attract medical tourists are external and internal challenges that need to be addressed in an effort to increase the competitiveness and development of medical tourism in Siak Regency.

## **5. Conclusions**

Based on the overall analysis of the Collaborative Governance Regime (CGR) and the implementation of medical tourism in Siak Regency, it can be concluded that the CGR model provides a relevant framework for understanding the complexity of collaboration in the development of medical tourism. However, there are several challenges that need to be overcome, such as a lack of emphasis on the specific context of model application and a lack of attention to the messiness and complexity of collaborative practice. The implementation of medical tourism in Siak Regency is faced with various obstacles, ranging from a lack of regulations to limited infrastructure and community readiness.

To increase the effectiveness of collaboration in the development of medical tourism, it is recommended to strengthen regulations and integrate them with tourism sector policies. Arranging infrastructure and increasing connectivity between tourist destinations is also a critical focus. Pentahelix, involving local governments, the health sector, tourism actors, academics, and the community, must work together better and have a strong motivation to achieve common goals. Tengku Rafi'an Regional Hospital needs to determine superior services, form a Medical Tourism Work Team, and develop clear operational standards. Collaboration with travel agencies, and health insurance, and increasing the competency of health and non-health workers are crucial steps.

In addition, the promotion of medical tourism needs to be optimized with an integrated activity design, while the community around the destination needs to be prepared to implement Sapta Pesona and become more aware of tourism potential. Overcoming internal and external obstacles, such as limited resources and the high cost of medical procedures, also needs to be the main focus in efforts to increase the competitiveness and distinctiveness of health services. Data collection, increasing stakeholder understanding, and utilizing information and communication technology in the health sector are also important elements in designing more effective policies. With these steps, Siak Regency has the potential to become a highly competitive medical tourism destination

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