



Unity is Essential for the Future of Healthcare Delivery

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PPS Chairman

Disclaimer: Some members have alluded that the PPS Chairman is in support of 1Care for 1Malaysia based on the frequent articles in *Berita*. Please do note that the articles are objective in nature and are written in an effort to allow our members an understanding of what is taking place so that they can draw their own wise conclusions. 1Care for 1Malaysia may be idealistic to some of us at the present moment because there are too many factors which have to be taken into consideration before the system can even begin to see the light of day. The active engagement of the various stakeholders may be taken as a sign that the government of the day and the Ministry of Health (MOH) is going overtime in getting the blueprint drawn up.

Much has happened since my last report in *Berita* issue last month, not least of which is the deregistration of MMA by the ROS. However, PPS is focused on moving forward with the multitude of current issues facing our doctors. A massive change is set to take place soon in the healthcare scene and we have to be prepared to meet the new challenges ahead if we are to continue surviving as doctors in Malaysia.

The response to my call for MMA GPs to rally together has been encouraging with the first GP giving his support via email on the very day that the *Berita* November issue reached our doctors. The responses are still coming in at the point of writing this article. For those of you who missed the call for GPs to rally together for a common cause, join us by e mailing to ppls@mma.org.my your name and current contact details. I do reiterate that this is not the formation of a body to oppose whatever some of us perceive as unfair practices against the GPs, but to ensure that GPs remain as a group with bargaining powers to ensure that we will be able to continue practising medicine as it was meant to be.

A bone of contention at the moment is the visits on some GP clinics by enforcement officers from the Pharmaceutical Services Division of MOH. Most of

the calls coming in have been from Selangor. This is being looked into, but please do remember that in the event of a "raid", MMA can only offer you advice. Reason being is that a "raid" is brought about by specific complaints or abnormally high purchase of psychotropics by the clinic concerned. It then becomes a due process of law. Hence, legal advice should be sought. However, the channels of communication with MMA will remain open for such members so aggrieved as this is after all, their association.

Our DG of Health has written an article in the *Star* newspaper, dated 3 December 2011, entitled 'Better healthcare for all', which is about the 1Care for 1Malaysia plan. This is to be interpreted as an attempt to engage the public in the impending healthcare system which many are saying will not take place. He has, in a nutshell, spelt out what the MOH envisions on the 1Care for 1Malaysia health system.

2011 Malaysia Health Insurance Training Programme in Taiwan

I attended the training stint at the above mentioned programme as a consultant for the Joint Learning Network (which is supported financially by various Foundations as well as The World Bank) that largely

Renal Dialysis unit at Taipei Hospital





At Taiwan International Healthcare Training Centre

funded my attendance there along with some support from MMA. Assistance was not provided from the MOH as I am from the private sector.

Attendees of this programme included 20 other officials from the MOH who are actively involved in the formation of the blueprint for 1Care for 1Malaysia. It was a fruitful trip with lessons learnt, especially on the intricacies involved in the running of such a large scale health system.

The purpose of this trip was not to look at the adoption of the Taiwan healthcare system as alluded to by some, but as part of a comparative study of the healthcare systems of other countries. The health system of each country is unique, and whether they are successful or not, will each offer us valuable lessons to be learned. This is an important integral process as we strive to develop a healthcare system of our own. Everyone should pay heed of the complexity of the setting up of such a system in our multi-plural society which can never be done overnight.

Taiwan's healthcare system has received mention because of its extensive coverage to 99% of its population with the lowest administrative cost in the world. Its National Health Insurance (NHI) programme was launched in 1995 because of a determined political resolve to ensure equitable healthcare to the masses, which at that time had only a few healthcare insurers (Labour Insurance,

Government Employee's Insurance and Farmer's Insurance) to cater to less than 60% of the population exposed to rising healthcare cost.

The characteristics of NHI are:

- * Compulsory enrolment for all citizens and legal residents.
- * Single payer system run by the government.
- * Payroll based premium. Premium is shared by employee, employer and the government.
- * Uniform package with co-payment.
- * Healthcare providers are contract based with 92% of providers contracted. It is NOT mandatory for healthcare providers to be in the system.
- * Uniform fee schedule under the global budget.
- * Premium and co payment subsidies for the disadvantaged.

At the crux of this system is the smart card system, the function of which is to simplify managerial process; enable daily update of medical visit data; allow infectious disease tracing and monitoring; detection and management of heavy users. Every member of the population enrolled in the NHI will have a smart card which is to be presented at each visit to the healthcare provider.





With the Taiwan Minister of Health

Public satisfaction of this system is at a high level of almost 90% which is to be expected as there is a complete freedom to choose healthcare providers and there is no limitation on the rate of utilisation. What it means is that the public can see whichever doctor they want, visit any hospital they choose, and how many times they desire. However, it places a huge burden on healthcare expenditure with lots of wastage as there is over-utilisation of the healthcare services. There are reports of patients seeing multiple doctors in a day for the same illness.

What about satisfaction among the healthcare providers in view of the high utilisation rate? Does it mean that they end up seeing more patients and having an increase in income? There are no data to show the satisfaction level of the healthcare providers. But anecdotally, many are not happy with a system which constantly looks

over their shoulder and controls the way they manage a patient as well as control their income.

It is interesting to note how they use incentives to ensure that healthcare providers toe the line. In other words, they dangle a carrot in front of you to ensure productivity instead of using the rod to control you.

A point to note is that there are hardly any doctors with basic medical qualifications. The doctors at private clinics are mostly specialists of some sort who see primary care cases as well as cases needing specialist care. It is not mandatory for doctors to have post graduate training including being a Family Medicine Specialist in order to see primary care cases. The doctors are driven to take up a specialty on the perception by the public that specialists are always better than mere GPs. However, specialists and GPs are paid the same at the private clinic level. **M**

ANNOUNCEMENT

Restriction on Practice of Ozone Therapy and Chelation Therapy by Registered Medical Practitioners

The Malaysian Medical Council had made the following determination at the meeting on 9 August 2011.

There have been various clarifications sought from several sources on the efficacy and benefit of the usage of Ozone and Chelation Therapy as a therapeutic regimen or option by registered medical practitioners.

The Council, after extensive discussions and relying on information obtained from local and overseas scientific databases, concluded that there is no evidence to support any therapeutic benefit from the usage of the above mentioned therapies for any illness.

Consequently, there is a need for further research on these two treatment modalities especially on the indications for their usage, their efficacy and safety.

As such registered medical practitioners are advised not to use and/or apply these two modalities as treatment for any medical conditions except for research purposes until conclusive evidence of definitive benefit can be ascertained or proven.

The public are hereby cautioned and advised that in the eventuality they submit themselves for such treatment then they will be doing this at their own risks. The Malaysian Medical Council and the Ministry of Health will not be responsible for any possible adverse outcomes.

Dato' Dr Hasan Bin Abdul Rahman

President, Malaysian Medical Council