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Changes on the horizon Opportunities or Threats?

"Change is inevitable. Change is constant."

~ Benjamin Disraeli

Change is inevitable. A lot of these occur without us noticing, but if we look back at how we were doing things, what the world was like 30, 20 or even 10 years ago (for those who are younger!) we will note many changes. Many things have made life easier, more convenient — for example — mobile phones, computers, the internet... One cannot imagine life without a mobile phone now - how on earth would we meet up with friends? Or find someone's house without our GPS? And how did we get any information on anything without Google? Can you remember the days when we had to prepare our slides for a lecture at least two weeks ahead of time so that we could do the lay out of the slides and get the celluloids made? Then there was the fear of accidentally turning the slide carousel upside down and mixing up all your slides just before you give the lecture! Now we are still preparing our lecture, the night before (or even the morning of) the lecture! I could go on and on...

But with progress come not-so-desirable things as well — a faster pace of life, more pressure from work, bosses, colleagues, shorter deadlines, higher expectations from others (and from ourselves too), less time to "smell the flowers", less personal interaction... again, the list can go on and on.

In healthcare, change is occurring too. With technological advances and advances in science and medical knowledge, people are living longer, diagnoses are made earlier, more treatment options are available with a greater choice of drugs, and more investigations are possible. But at the same time, patients' expectations are higher; indeed, our own expectations of ourselves and of investigation and treatment outcomes are more demanding, and the cost of healthcare is rising.

1Care for 1Malaysia

Malaysia has been talking about restructuring our health system for many many years. Now it looks like this is something that will happen in the foreseeable future — perhaps in the next 5-10 years? The restructured health system — "1 Care for 1 Malaysia" — is going to involve all of us, not just as healthcare providers, but also as consumers/patients. The MMA's book on "Health for All" published in 1999 is still relevant today as it clearly states the principles which we must preserve in our healthcare system — "equity, equality and health for all". For those who have not heard of this publication, it is worth a read; for those who have already read it — it is worth another read! We have run out of copies, and are printing more, and they will be available at the MMA secretariat. We will also upload the book onto the MMA website so that it is more accessible.

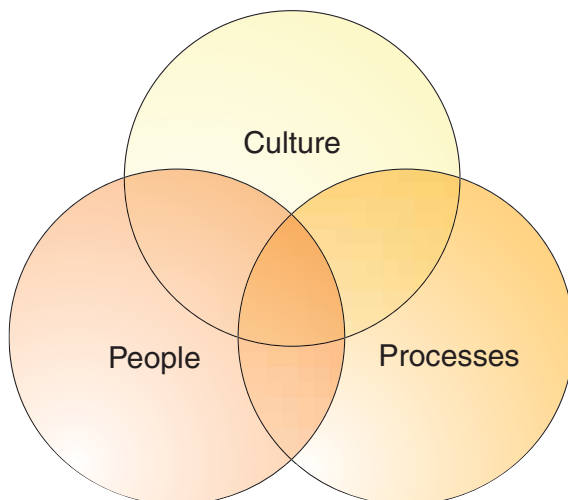
So back to change — we can either "go with the flow" — let things happen, and adapt ourselves, oppose change, or try to influence the change for the better. As

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a responsible organisation of highly trained professionals, the MMA has to choose the latter, i.e. to influence the change so that we come up with the best solution for doctors, for the population and for the country.

The Ministry of Health (MOH) has formed several technical working groups (TWGs) to work out the details of the restructured system, which includes looking at integration of the currently dichotomous system (private — public), working out the health financing mechanisms, looking at human resource implications, IT requirements, pharmacy services and a host of other details. The sectors that are being looked at include the primary care sector, secondary and tertiary care, and public health. MMA has appointed representatives on all the TWGs and our Health Policy committee is working to get a comprehensive picture of the proposals put forth by the various TWGs. Looking at the current situation, we are far from ready to implement the changes. We are in the “first phase” of the restructuring, “Strengthening the Current Health System”. This will be followed by the second stage, “Public Facility autonomy funded by general government revenue (GGR)”, and subsequently the third stage, “Primary Health Care reform funded through GGR” and the final restructuring which is the “Full reform funded by GGR and Social Health Insurance (SHI)”. No one is sure how long this process will take, and many see these changes on the horizon as a big threat, but perhaps we can also look at it as an opportunity — in fact, “strengthening the current health system” is a great way to start (*perhaps if we strengthen the current system well, we will decide that we should maintain it...??*)

Elements of Change Management



Looking at change management, the above diagram expresses well what needs to be done - we need to change not just the processes (ways of doing things)

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but also the people (our mindset) and the culture (the “way things are always done”). The people involved are not just us doctors and healthcare providers but also the consumers of healthcare, i.e. everyone — and in this globalised world, we have to think not just of Malaysians but of non-Malaysians as well — how are they going to fit into the restructured scheme? We need to engage with civil society groups, to let them know what changes are proposed, and to hear their views on it. And we need to do it now, not only when we (health professionals and administrators and politicians) have decided what the restructured health system is going to look like. Only then can we make a change that is truly representative of the needs of our population, and get the best possible solution. There will have to be sacrifices — nothing comes without a price — but if we engage with all stakeholders early in the game, we will be able to get more “buy in”. For doctors — watch this space — we will keep you informed on the proposed changes.

Globalisation and Liberalisation

The other big change, which is closer on the horizon, is increasing liberalisation of the health services sector. There has been some liberalisation to date, under various trade agreements and the plan is for full liberalisation (i.e. no restrictions) in the services sector by 2015. But there is a push from the Ministry of International Trade and Industry (MITI) to bring forward the date for full liberalisation to as early as 2012! This includes:

Looking at change management ... we need to change not just the processes (ways of doing things) but also the people (our mindset) and the culture (the “way things are always done”).

- Allowing 100% foreign equity for private hospitals, with no restriction on the number of beds (currently the minimum number is 100 beds) and the number of foreign specialists (currently only two foreign specialists are allowed per organisation).
- Removing all restrictions on the type of specialists allowed to practice here (currently this is restricted to 14 subspecialties including forensic medicine, nuclear medicine, geriatrics, microvascular surgery, neurosurgery, clinical immunology and oncology, traumatology, anesthesiology, intensive care, child psychiatry and physical science)
- Removing restrictions on the type of hospital the foreign specialist can practice in (currently restricted to practice in private hospitals of at least 50 beds)
- Allowing establishment of “stand alone” clinics with 100% foreign equity.

In our feedback to the MOH on these proposals by MITI, we agreed that it is inevitable that we have to open up our borders as this is a world wide phenomenon, but stated that in doing this, we need to:

1. Safeguard our people (Malaysians) from sub-standard care by foreign specialists/100% foreign owned establishments.
2. Ensure that there is equitable distribution of services and that the rural areas/unpopular areas

are not underserved and the urban/popular areas “over supplied”.

3. Protect our general practitioners (ensure that they will not get “pushed out” by the influx of foreign specialists).
4. Protect our own specialists from losing out to foreign specialists.

Two basic principles **MUST** apply to all countries with which the trade agreements are signed:

- There must be reciprocity i.e. whatever concessions Malaysia agrees to give to another country, they must give the same privileges/concessions to us as well.
- The regulations and laws that apply to Malaysian doctors **MUST** apply **EQUALLY** to the foreign doctors. (Here several questions arise, including the need for compulsory government service, the restrictions on doctors from Peninsular Malaysia practicing in Sarawak and Sabah, the need for Bahasa Malaysia competency, etc).

We also emphasised that before full liberalisation occurs, the amendments to the Medical Act (“pending” for many years now) **must** be passed and implemented, including the need for CPD points for renewal of APC, and that the National Specialist Register (NSR) must become a legal entity and must be enforced strictly; the Malaysian Medical Council (MMC) must be strengthened and must be very actively monitoring the situation and enforcement by Bahagian Amalan must be strengthened.

Change is inevitable, but we can, and must, influence the change. **M**

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