

# Surveys & Reports by PPSMMA



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**M**MA engaged a consultant to undertake two contentious studies regarding issues faced by the General Practitioners (GP) which are, "The Perceptual Study on Managed Care Organisations (MCOs) in Malaysia" and "A Study on Challenges Faced with FOMEMA & Growarisan in Malaysia"

The above reports can be downloaded at the MMA website, <http://www.mma.org.my/614-private-practitioners-section-pps>

## Managed Care Organisation (MCO)/ Third Party Administrator (TPA)

The term managed care or managed healthcare is used in the United States to describe a variety of techniques intended to reduce the cost of providing health benefits and improve the quality of care ("managed care techniques"), for organisations that use those techniques or provide them as services to other organisations ("managed care organisation" or "MCO"), or to describe systems of financing and delivering healthcare to enrollees organised around managed care techniques and concepts ("managed care delivery systems"). – Wikipedia.

Anything that comes from United States; does it have to be good for our system? MCOs or TPAs are just middlemen who facilitate the services between Healthcare Providers like GPs and employers. For any system to work, it has to have a win-win sustainable model for all the concerned parties without compromising the quality care of the patients, because of whom all these healthcare systems exist.

GPs encounter various issues with MCOs/TPAs. These issues are not favouring us, proven by the lopsided agreements which can also be known as "Corporate Bullying". We can divide these unfavourable issues into three major parts comprising of registration, submission and collection. The consultation fee should not be a fixed amount, but instead should be based on the diagnosis keeping within the 13th Fee Schedule. Being so caught up in providing quality patient care, we have failed to read the MCO/TPA agreements before signing them. We have had two meetings with the MCO/TPA representatives and the third meeting was due in January 2016. We hope we can conclude and come to an understanding in the near future.

The guiding principles in our engagements with the TPA/MCO in resolving these longstanding issues are based on patients' interests, MMC Code of Medical Ethics, MCO Guidelines, Private Healthcare Facilities and Services Act (PHFSA) 1998 and its Regulations 2006, Good Medical Practice, and Good Business Practice.

## Foreign Workers Medical Examination Monitoring Agency (FOMEMA)

We have approximately 4,000 registered clinics providing services for FOMEMA, with about 800 clinics who have invested into acquiring X-ray facilities. Not forgetting approximately another 300 clinics who have invested by

upgrading their X-ray facilities with CR Machine. We have another middle-man company who is charging RM4 for each X-ray transmission with an additional software cost of RM5,500. While the Government is working very hard towards a developed status, we wonder why the private sector is not keen for competition. GPs do welcome innovative ideas or business models that can help to ease the work process but we are totally against monopoly. It is a known fact that competition will reduce the cost of a product and services, while ensuring high quality. The main issue with FOMEMA is the fee structure which has been unchanged since its inception. What is puzzling is that while the cost of hiring a maid has tripled from RM5,000 in 2005, and to RM15,000 currently, our request to increase the fees as per current market has fallen on deaf ears. With the ongoing blame game, where fingers are being pointed at the Public Private Partnership Unit of the Prime Minister's Department, the issue of the unchanged FOMEMA Fee Structure remains. Even the memorandum which had been signed by the four major medical associations representing more than 5,000 GPs, was not acknowledged. We are being paid RM25 per X-ray taken, whilst the operating cost is more than RM35 per X-ray and this is not including the new software system with transmission cost. This clearly indicates that the GPs have always been taken for a ride, while, we continue subsidising the huge profit-making corporate companies.

We hope that with these two reports, which we have sent to all the relevant authorities; due consideration will be given and these issues will be seriously addressed once and for all. These reports have been submitted to Asia Pacific Journal of Public Health for review and publishing.

## GP Seminar & Scientific Meeting

PPSMMA in collaboration with SCHOMOS will be organising "Towards Excellence" Series on 20 Feb 2016 at Sheraton Imperial, Kuala Lumpur. Apart from the two scientific talks, three major issues will be covered.

1. **MCO/TPA: Are They Complying to MCO Guidelines?** by Dr Ahmad Razid, Pengarah Bahagian Amalan Kesihatan Swasta, KKM.
2. **What is RUUF & How Will it Affect GP Practice?** by Tuan Hj Ghazali Bin Mansor, Timb Pengarah (Perundangan & Setiausaha Lembaga Racun) Bahagian Perkhidmatan Farmasi, KKM.
3. **Tidying Your Taxes, an Insight** by LHDN by Ms Chong Yin Yee, Pegawai Eksekutif (Penaksiran), Bahagian Pendidikan Cukai, LHDN.

All the above sessions will be followed by a Questions & Answers session. We have also invited representatives from TPAs/MCOs as panellists.

PPSMMA has been working and finding ways on how many of the contentious issues can be resolved via a series of engagements! Registration forms are available at MMA's website or <http://goo.gl/forms/WEYrNrWbf>.