

# 8 Pillars of Healthcare Transformation – GPs Role



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The Director General of Health Malaysia, Datuk Dr Noor Hisham Abdullah in a recent “Meet the GPs Dialogue” organised by one of the medical association, shared the Eight Pillars of Healthcare Transformation. Two of the pillars are also Harvard’s recommendations on transformation agenda (strengthening PHC and VHI):

- Prevention is better than cure. The public need to be empowered to improve and take charge of their own health, as health is everyone’s business.
- Strengthening the role of primary care as the “gate keeper” and the front-liner, as we move forward to bring healthcare to the community.
- Human capital development remains at the centre of our efforts to strengthen our healthcare system.
- Optimisation of health infrastructure.
- Reengineering of work process to ensure efficiency, where we can use innovations to improve the way we do things by looking back at how we can make things work better, faster, cheaper, smarter and with better outcome.
- Capitalising on ICT development by making use of the available technologies, applications, telemedicine & social media for the benefit of health.
- Public-Private partnership and integration to work together in many facets of healthcare to collectively improve our healthcare.
- Voluntary Health Insurance (VHI) whereby it is a non-profit based initiative, with better and longer coverage for health. This is to ensure the sustainability of our health system in the long run.

## Prevention is better than cure

It clearly shows that General Practitioners (GPs) have a huge role to play. Despite a lot of marketing and campaigning on prevention is being done by various NGOs for decades, the number of Non-Communicable Disease (NCD) is still on the rise.



Healthcare professionals, particularly general practitioners, provide long-term and continuous care to patients, and often develop an ongoing relationship with them which can lead to an increased sense of respect and trust. Doctors are not only aware of their patients’ medical conditions and concerns, but also very often the circumstances of their lives, and that of their families.

One-to-one counselling done within the four walls of the GPs clinics will surely bring a better result. The personal touch and the long term doctor-patient relationship will definitely yield better results slowly but surely. Most of the patients are comfortable seeing the same doctor and in some instances, the entire family medical records are with the same family doctor. So the GPs will surely be able to play a more proactive role in preventive medicine.

Doctors command a high level of respect and credibility in the eyes of the public. This gives doctors the opportunity to promote good health and prevention in the broader community.

The forms of preventative care that the general practitioners regularly provide include:

- Immunisation at all stages in the lifespan;
- Screening and early identification for:
  - ~ healthy child development;

- ~ communicable diseases, particularly for teenagers and at-risk groups, and
- ~ chronic conditions, including hypertension, diabetes, cardiovascular conditions, as well as promotion of screening for certain cancers.

- Preventative advice and counselling about general health and specific health risks which is targeted to the patient's age, gender, family history and current health status;
- Educating patients, improving health literacy and improving patients' capacity to maintain their own health.

Funds should be allocated to the private GPs and their outcome should be measured and incentives given if they can keep the population in a certain area/zone healthy.

### **GPs as "gate keepers" & optimisation of health infrastructure**

According to the MoH statistics, 90% of the primary care clinics are in the private sector and the remaining 10% are in the public sector. Around 80% of the cases seen in GP practice are simple acute illness where else 80% seen at public sector primary care clinics are NCDs. This is the sector that the MoH would like to tap the existing GP Clinics to manage at an affordable cost. The private GP clinics are well distributed with a very good track record as the gate keeper since independence. There are more than 7000 registered private clinics compared to 1000 in the public sectors. Our biggest competitor are the heavily subsidised MoH facilities, whereby for similar services to those of the GP clinics only cost patients RM1 at public clinics. However, patients still choose private facilities because of:

- The quality of care, affordability and accessibility.
- Long operating hours (after office hours, weekend and even 24 hours)
- Shorter waiting time
- No appointment/walk in
- Easier to get treatment by doctors
- Better interpersonal quality
- Clinics are well equipped more so with stricter regulations.

Government should allocate funds for GPs to upgrade their facilities and also to attend various CPDs to keep in touch with the current medical development. Currently the GPs are being burdened to upgrade their facilities and attending this CPDs with self-funding and not to mention loss of income when they need to close their practices or get replacement locums while they are away.

The doctors and the clinics should be attached to the government hospitals, and communication platforms should be established for continuity of care. The doctors can also be re-trained by designated hospitals in terms of performing certain outpatient procedures and also performing ultrasound. This will surely take the burden of the public facilities.

### **Re-engineering of work processes, capitalising it & public private partnerships**

Integrated Health Information system and Tele Primary Care should be established between the private healthcare facility and public facilities. At the moment, all this data are kept in silo and multiple new records are being created in different facilities.

The public and private sector can be integrated with ICT. Since most of the private clinics have their own clinical management system, an IT platform or switch should be built for the management systems to communicate with each other.

This integration will surely reduce wastages, doctor shopping and make the practice more transparent and sustainable. The long waiting time to get an appointment and to see a specialist with travelling time can be addressed with tele-consulting. It also allows joint management of patient, real-time consulting with concept of borderless healthcare. This will improve the disease surveillance system by providing alert and auto-notification system. The data can be used to study the trend of the population and also the diseases.

### **Voluntary health insurance**

While it is still at the planning stage, we strongly believe it will be set up with foundation being Good Governance, Accountability and Transparency not only on paper but in practice. The GPs will surely have huge role to play by keeping the cost low and yet maintaining quality of care. We hope the ministry will engage the GPs via stakeholders meeting to understand about the GP practice in terms of costing and also the system so that it will be sustainable.

### **In summary**

At least 210,000 patients are patronising the private healthcare clinics daily, more than 6.3 million visits a month and 75 million visits a year. The private GP clinics are well developed in Malaysia with a good track record since independence, not only providing mainly curative services and but also preventive services. The well-distributed network of clinics can work with, and complement, the public healthcare sector in addressing the lacuna that exist. The data collected are scattered in silo and need to be integrated via a healthcare information system. More stakeholder engagement should be held frequently to understand both the systems with a timeline and to create a sustainable, affordable, accessible, and equitable system while maintaining the quality of care. As long as the foundation is based on Good Governance, Transparency and Accountability, many more pillars can be established successfully.