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Doctors shun Health Ministry's 'take it or leave it' health screening scheme

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Dr Steven Chow Kim Weng says the Health Ministry has given general practitioners the 'take it or leave it' choice to join its health screening programme for the poor. — Picture courtesy of Dr Steven Chow Kim Weng

KUALA LUMPUR, Jan 30 — General practitioners have refused to join the Health Ministry's (MOH) health screening programme for the poor because the rate offered by the government is too low.

Federation of Private Medical Practitioners Associations of Malaysia (FPMPAM) president Dr Steven Chow Kim Weng said MOH originally offered private doctors RM35 for the first visit and RM30 for the second visit under its [Peka B40 scheme](#) if the results were abnormal and the patient was referred subsequently to a government clinic.

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"On top of that, there are many other logistical and medico-legal issues that have yet to be agreed. This whole thing is too much a 'top down' project. The doctors were told to 'take it or leave it'. Doctors are asking for more details and discussion."

MOH's Peka B40 scheme aims to reduce non-communicable diseases (NCDs), where 800,000 of the bottom 40 per cent (B40) of income earners aged 50 and above will get free health screenings, medical devices, incentives to complete cancer treatment, and transport aid.

Health Minister Dzulkefly Ahmad said the RM100 million pilot project, scheduled for roll-out in the second quarter, would seek private clinics and laboratories to provide free health screenings, such as lab tests like blood tests, diabetes control, cholesterol tests, urine tests, kidney function tests, as well as mental health checks and breast and prostate examinations if needed. Patients are then referred to MOH hospitals for treatment.

The Peka B40 programme will be managed by ProtectHealth Corporation Sdn Bhd (PHCorp), a government-linked company (GLC) under MOH.

Former Malaysian Medical Association (MMA) president Dr Milton Lum said MOH had told doctors that they would be responsible for going out and getting patients for health screenings under Peka B40.

"Doctors cannot be going out to connect," he told *Malay Mail*. "They can be accused of touting."

"You can't ask doctors to do so much for RM35 and connect to the B40."

Dr Lum also questioned if ProtectHealth under the MOH was a managed care organisation, as per the Private Healthcare Facilities and Services Act 1998.

"How can the regulator also be the provider?" he said.

The former FPMPAM president also asked where patients would go once they were diagnosed with an NCD, pointing out that medicine compliance and achievement of treatment targets was less than 50 per cent.

"Would it not have been better if the screening is done in a clinic, and follow-up and treatment in the same clinic? Wouldn't it be more likely there is compliance in a patient?"

"Convenience is very important to patients. If I go to one place to get screened, then I'm asked to go to another place to have it treated, it's not easy. And you're talking about B40, people whose level of health literacy is not the best in the world," said Dr Lum.

Over two million Socso health screening vouchers still unused

MMA president Dr Mohamed Namazie Ibrahim welcomed the Peka B40 scheme, but pointed out that the Social Security Organisation (Socso) under the Human Resources Ministry has a similar health screening

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therefore an inefficient way of doing healthcare screening. Socso's screening programme has not been fully utilised and we have been told that there are over two million vouchers still available."

The Galen Centre for Health and Social Policy said treatment under the Peka B40 programme should not be limited to MOH hospitals.

"Leaving out university hospitals from the Peka B40 pilot programme, such as the Universiti Malaya Medical Centre and Universiti Sains Malaysia Hospital under the Ministry of Education, is a mistake," Galen CEO Azrul Mohd Khalib said in a statement.



Dr M. Murallitharan said patients under the Peka B40 scheme should not be charged first class rates if they were diagnosed at a private health care facility but referred for treatment at a public centre. — Picture courtesy of Dr M. Murallitharan

National Cancer Society Malaysia (NCSM) medical director Dr M. Murallitharan said patients under the Peka B40 scheme should not be charged first class rates, as per current regulations, if they were diagnosed at a private health care facility but referred for treatment at a public centre.

"If this is not addressed, it is going to be problematic as there will be additional costs onto the patient," he told *Malay Mail*.

BP Healthcare Group director Lovy Beh said her company, a health care provider with over 100 laboratories and 50 diagnostic centres, has already been appointed into the Peka B40 panel.

"They're expecting us to go into areas where you have this category of patients. So basically you have to fish for your own patients," Beh told *Malay Mail*.

"But we have done it before. We've gotten buses to bring them in. So that's why I said this is a real CSR. You calculate all the administration, logistics, it costs more than whatever reimbursement you're getting. Serve and sacrifice for country."

According to Beh, BP has been conducting health screenings for Socso like mammograms and for a state government.



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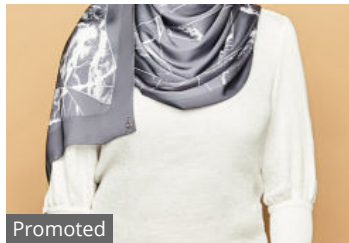
"A lot of advertisements are needed," she said.



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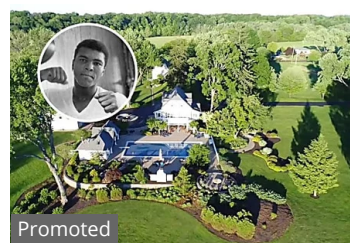
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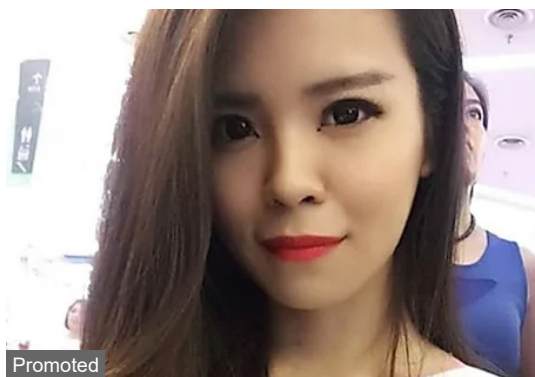
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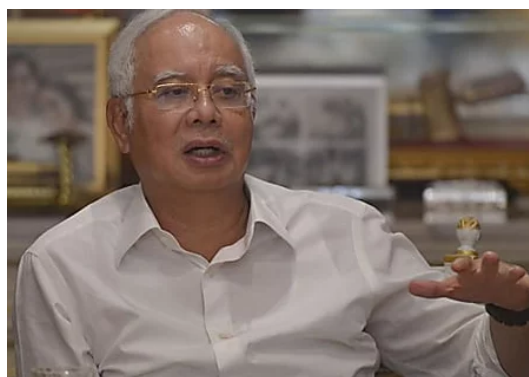
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