

## GP Involvement In Base MHIT Plan Strengthens Primary Care — Malaysian Medical Association

**By CodeBlue | 26 January 2026**

MMA says the involvement of GPs in the outpatient management of selected conditions such as dengue fever, pneumonia, bronchitis, and influenza, under the government's base MHIT plan, strengthens primary care, which is central to a resilient health system.



*Malaysian Medical Association president Dr R. Arasu speaks at a doctors' rally in Putrajaya on May 6, 2025, to protest the Domestic Trade and Cost of Living Ministry's (KPDN) jurisdiction over mandatory drug price display under the Price Control and Anti-Profiteering Act 2011 (Act 723). Photo by Sam Tham for CodeBlue.*

The Malaysian Medical Association (MMA) acknowledges the introduction of the Base Medical and Health Insurance/Takaful (MHIT) plan under the Reset Strategy, an initiative aimed at improving access and affordability in the private health care sector. This should be viewed as one component of a broader national reform effort to address long-

standing structural challenges within Malaysia's healthcare system.

The issues affecting both the public and private sectors — including rising health care costs, fragmented financing, and pressures on the healthcare workforce — are legacy challenges that cannot be

resolved overnight. They require sustained reform and political will at the highest level. In this context, it is encouraging to see strong collaboration between the Ministry of Finance, Ministry of Health, and Bank Negara Malaysia in driving Reset, reflecting a whole-of-government commitment to healthcare reform.

The MHIT initiative is part of the Reset Strategy, which reflects the government's broader whole-of-nation approach to healthcare reform. While Reset addresses immediate system improvements, its initiatives are aligned with the long-term structural goals of the Health White Paper. MHIT should therefore be seen as one of several enablers within a wider national transformation effort — not a standalone solution — to achieve better health outcomes for all Malaysians.

One positive direction within the MHIT framework is the involvement of general practitioners (GPs) in the outpatient management of selected conditions such as dengue fever, pneumonia, bronchitis, and influenza. This represents an important step toward strengthening primary care, which is central to a resilient and cost-effective health system. When primary care is effectively utilised, patients benefit from earlier intervention, continuity of care, and better health outcomes.

GPs also play a critical role in preventive care, early detection, health education, and the long-term management of non-communicable diseases. The cost of health care escalates significantly when illnesses are detected late or progress into complications. Strengthening primary care is therefore the most sustainable long-term strategy to manage medical inflation and reduce avoidable hospitalisation.

To ensure MHIT achieves its intended outcomes, further refinements are necessary. Co-payment structures and deductibles must be carefully calibrated

so they do not become barriers to timely care, particularly for older persons and those with chronic conditions. GPs must be supported with appropriate access to diagnostics, referral pathways, and operational support to implement existing clinical guidelines effectively and safely within an expanded scope of care.

Premium structures and policy terms should remain transparent and predictable to maintain public confidence, and safeguards must be in place to ensure that healthcare costs are not inadvertently shifted back onto patients.

The MMA supports the national diagnosis-related groups (DRG) system under MHIT as a step toward improving cost control and efficiency. However, we strongly reiterate that doctors' professional fees are already regulated and must remain outside the DRG scope. The DRG should apply solely to unregulated hospital facility charges to enhance transparency, fairness, and uphold the integrity of medical professionalism.

We welcome the government's push for healthcare digitalisation under MHIT. Interoperable EMRs, digital claims, and secure data sharing across all facilities — including public hospitals — are key to reducing duplication, cutting waste, and improving care coordination. This is essential for a more efficient, patient-centred health system.

The ongoing public engagement is a vital step in this reform. Continued dialogue with health care professionals and the public will help ensure policies reflect clinical realities and patient needs, especially ahead of the proof-of-concept phase this year.

The Malaysian Medical Association remains committed to supporting reforms that are clinically sound, equitable, and sustainable. Key priorities include strengthening primary care, protecting patients, managing hospital costs, advancing digital health, investing in the healthcare workforce, increasing funding, strengthening the public sector, and driving overall system reform to better serve the rakyat.

*This statement was issued by MMA president Dr R. Arasu.*