

37th CMAAO General Assembly and 58th Council Meeting: Primary Care

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Scope of presentation

01

Introduction

02

History of Primary Care
Practice in Malaysia

03

Current State of Primary
Care in Malaysia

04

Future Prospects and
Recommendations

Introduction

Malaysia's healthcare system features a dual structure, consisting of public and private sectors. This dichotomy extends to primary healthcare, where services are offered separately by both sectors. The public and private sectors predominantly operate independently, leading to a fragmented approach to primary healthcare delivery.

Objective

An understanding of Primary Care Practice in
Malaysia: past, present, and future

Part 1

History of Primary Care Practice in Malaysia



At independence

Urban-centric healthcare,
rural reliance, traditional
medicine

1950s-70s

Establishing a Rural
Health Service (RHS)

1970s-80s

Focusing on the
underserved population at
the grassroots level

1986-1990

Expanded PHC
includes all ages

1994-2000

Staged transfer:
infrastructure, management,
resources

2000

Family medicine specialists
enhance primary care

Primary Health Care Team

2006

- Doctor
- Dentist
- Assistant Doctor
- Nurses
- Med Lab Tech
- Assistant Pharmacist
- Community Nurse
- Asst Env Health Officer
- Public Health Overseer
- Health Attendants
- Clerk



2016

- Family Medicine Specialist
- Medical Doctor
- Registered Nurses
- Community Nurses
- Assistant Medical Officer
- Assistant Pharmacist
- Pharmacist
- Orthodontist
- Periodontist
- Nutritionist/Dietitian
- Medical Social Worker
- Counsellor
- Social Health Worker
- Radiographer (Diagnostic)
- Physiotherapist
- Occupational therapist
- Optometrist
- Lab Technologist/Lab Scientist
- Clericals

Primary Care Services: Comprehensive & Decentralised

2015

- Mother and child
- Family planning
- Outpatient
- Environmental
- School
- Dental
- Pharmacy
- Lab
- Child with Special Needs
- Adult Health
- Elderly
- CVD
- Mental Health
- Adolescent
- STI
- TB & Leprosy
- Occupational Health
- Emergency Health
- Informations
- Rehab
- Dietary
- HPV
- N SEP/MMT/HIV
- Special Institutional care
- Dominiary Care
- Dialysis
- Mens' Health
- Traditional Medicine

2000

- Mother and child
- Family planning
- Outpatient
- Environmental
- School
- Dental
- Pharmacy
- Lab
- Child with Special Needs
- Adult Health
- Elderly
- CVD
- Mental Health
- Adolescent
- STI
- TB & Leprosy
- Occupational Health
- Emergency Health
- Informations

1980

- Mother and child
- Family planning
- Outpatient
- Environmental
- School
- Dental
- Pharmacy
- Lab

1960

- Mother and child
- Family planning
- Outpatient
- Environmental
- School

Structure of government primary health care

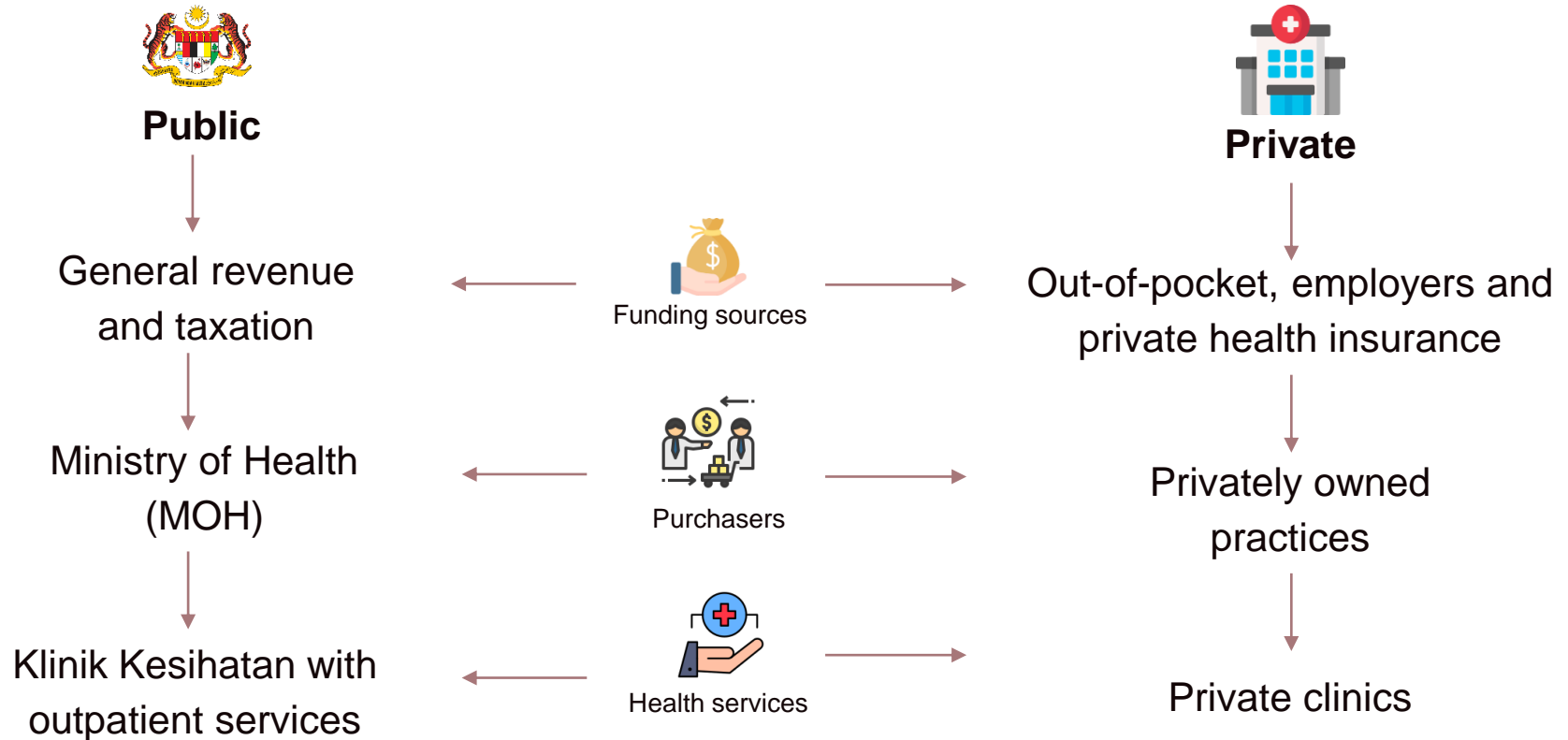
Structure	Level of Service	Staff	Services
Three-tier system (1956-70)	Main health centre (1:50 000)	Doctor, dentist	Priority outpatient care, dental care
	Health subcentre (1:10 000)	Medical assistants and staff nurses	Outpatient screening, MCH care
	Midwife clinics (1:2000)	Midwife	Home delivery and home visits
Two-tier system (1970-present)	Health clinic (1:20 000)	Doctor, dentist, pharmacist, assistant medical officer, public health nurses, assistant pharmacy officer	Outpatient services, dental care, MCH care, health promotion, family planning.
	Community clinic (1:4000)	Community nurse, midwife	MCH care, home care, family planning

Source: Family Health Development Division, Ministry of Health

Part 2

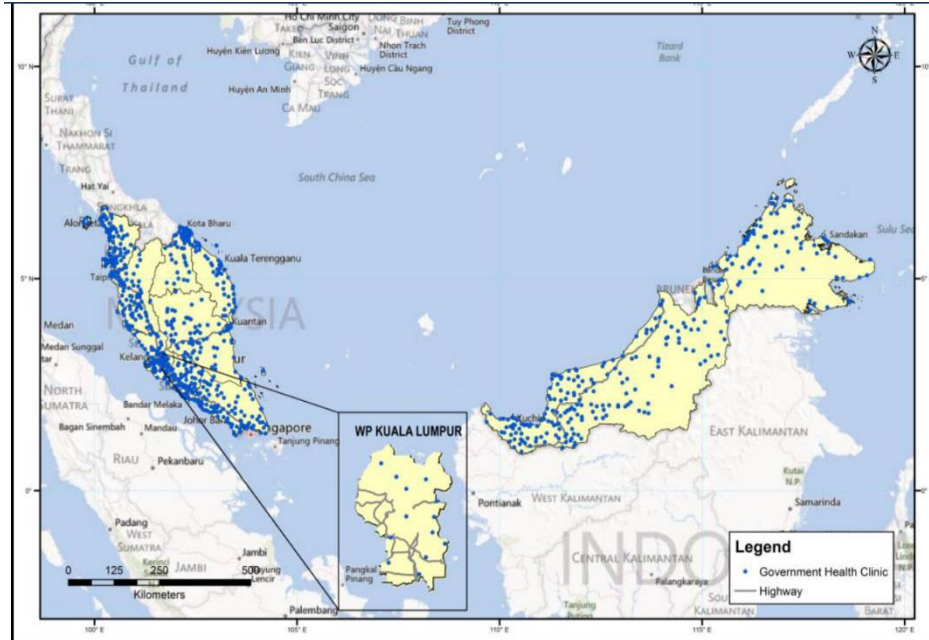
Current State of Primary Care in Malaysia

Current primary care system

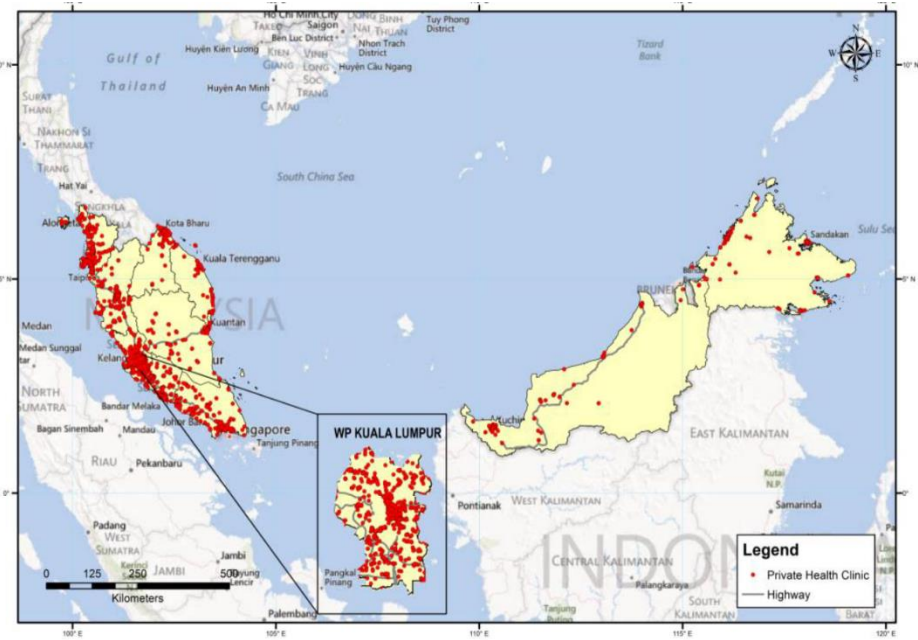


Distribution of health facilities

Government health clinic



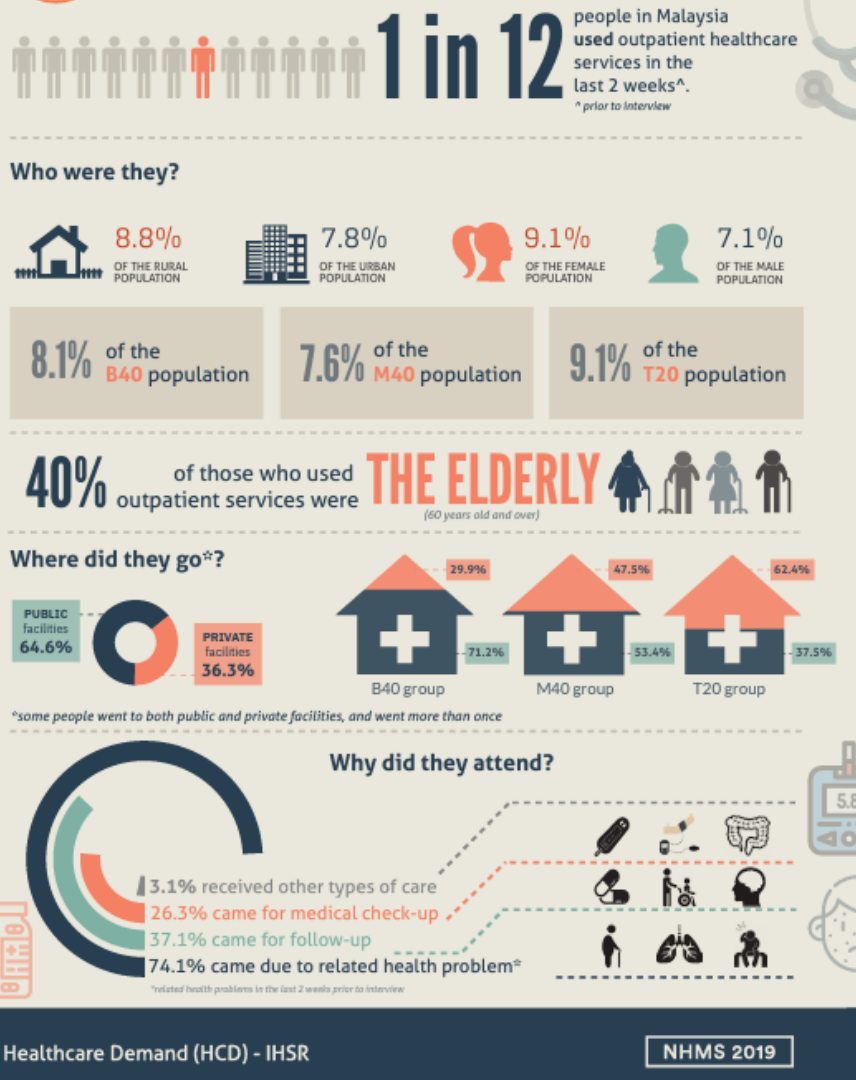
Private health clinic





Doctor to Patient Ratio

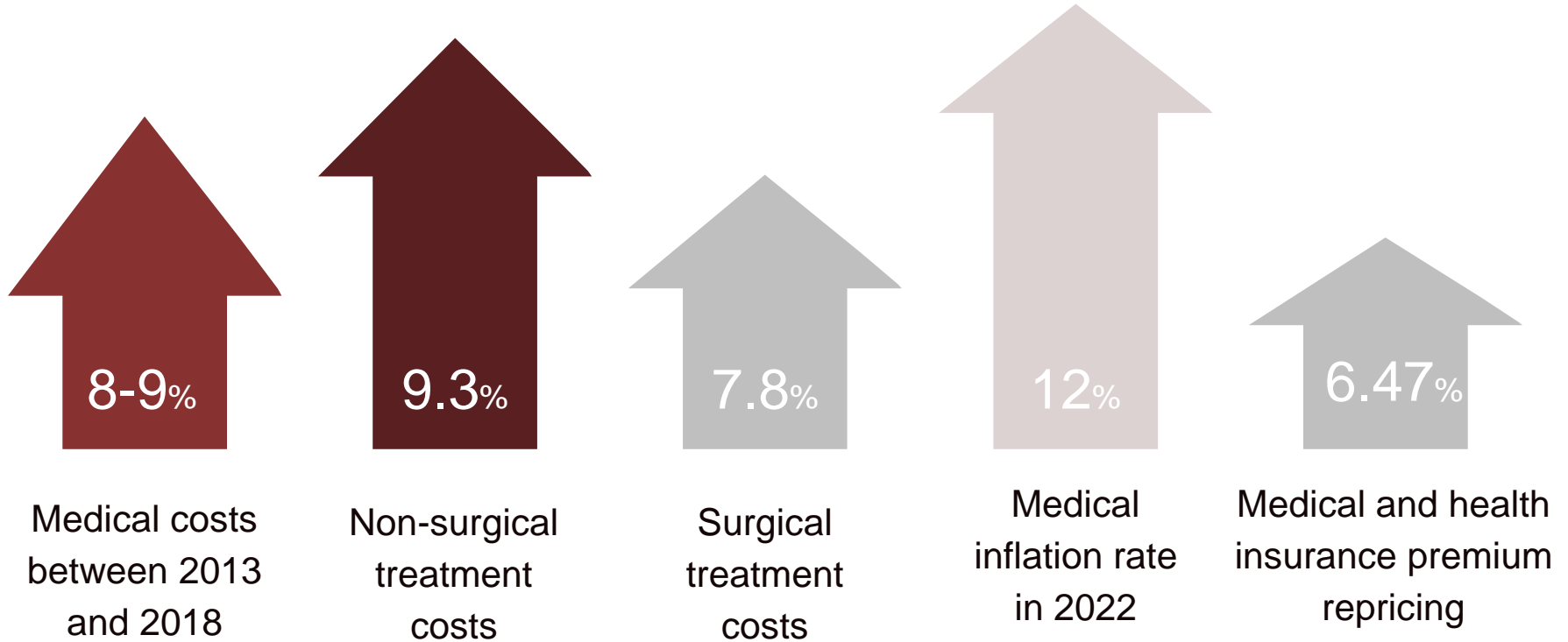
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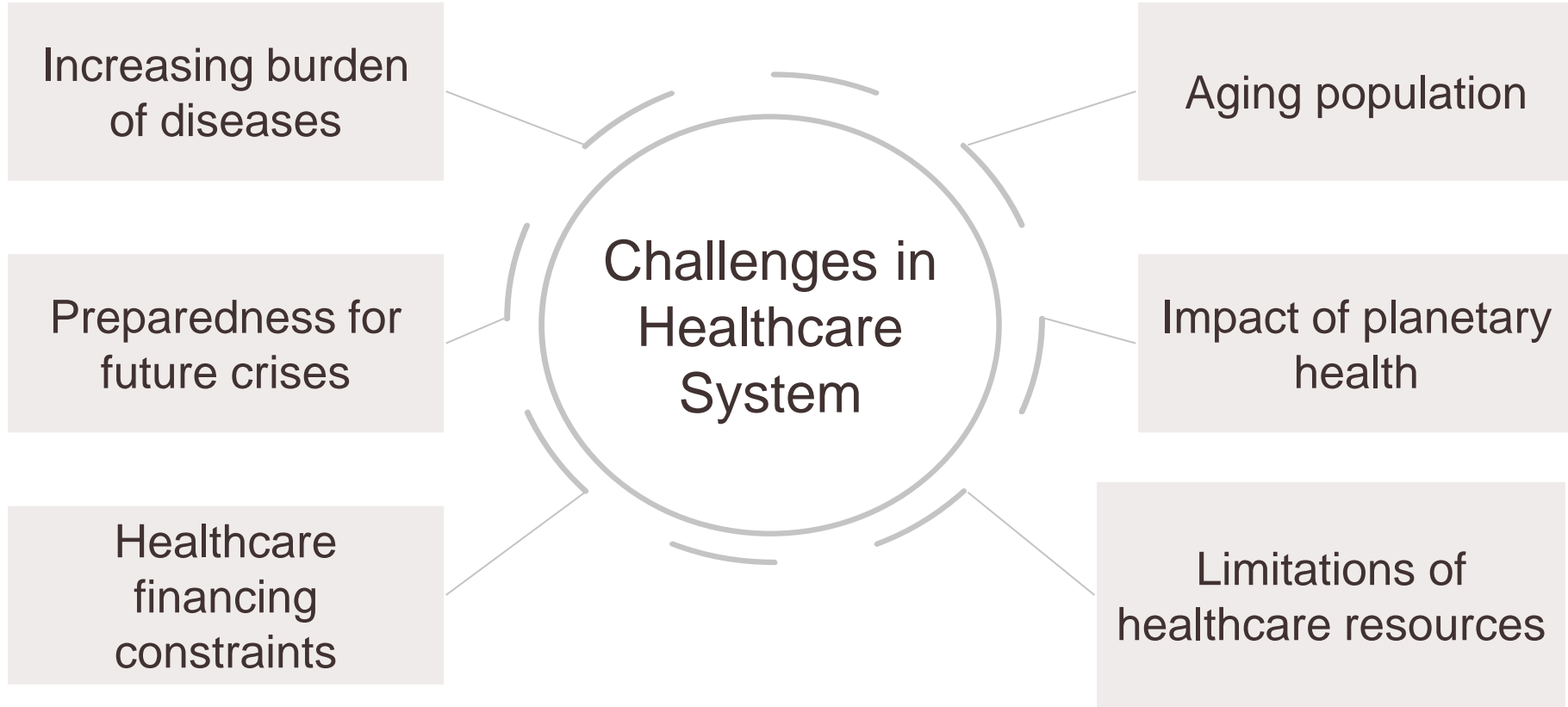


Public vs private primary health care

Public	Private
2892 clinics	8419 clinics
Patient-centric	From patient-centric to profit-centric
Better quality of care	Better accessibility
Lower cost	Higher cost
More comprehensive	Better continuity of care

Medical cost in Malaysia





Increasing burden of diseases

03

Non-communicable diseases (NCDs) —
Diabetes, hypertension and high cholesterol
in Malaysia



Diabetes



Hypertension



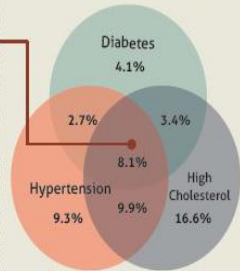
High Cholesterol

High blood sugar, high blood pressure and high cholesterol are **major risk factors** for cardiovascular disease

Cardiovascular diseases (CVDs) are the leading causes of death in Malaysia (such as stroke and coronary heart diseases)



1.7 million people in Malaysia currently live with **three** major risk factors



3.4 million people in Malaysia currently live with **two** major risk factors

Our health is our responsibility. Here are some things we can do to combat NCDs:



Control blood pressure <math>< 140/90</math>



Eat a healthy diet



Maintain a healthy weight



Exercise regularly



Stop smoking and reduce harmful use of alcohol

04

Diabetes in Malaysia

1 in 5 adults in Malaysia have diabetes

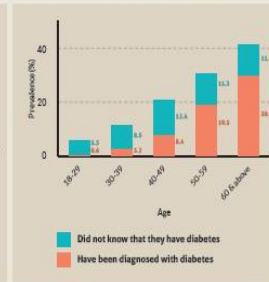


That's about **3.9 million** people aged 18 years and above

Diabetes trend 2011 - 2019



Prevalence of diabetes by age groups



Prevalence of diabetes across states; the highest prevalence was found in these states:



*using a cut-off of 7.0 mmol/L for fasting blood sugar level

MENTAL HEALTH STATISTICS

	National Health and Morbidity Survey 1996	National Health and Morbidity Survey 2006	National Health and Morbidity Survey 2015
Prevalence of psychiatric morbidity (5 to 15 years old)	13%	20.3%	12.1%
16 and above	10.6%	11.2%	29.2%

INFOGRAPHIC NST

Ten most common cancers in Malaysia (2012 to 2016)

Sites	No.	%
Breast	21,925	19.0
Colorectal	15,515	13.5
Trachea, bronchus and lung	11,256	9.8
Lymphoma	5,830	5.1
Nasopharynx	4,597	4.0
Leukaemia	4,273	3.7
Prostate	4,189	3.6
Liver	4,033	3.5
Cervix uteri	3,981	3.5
Ovary	3,575	3.1
Others	36,064	31.3
Total	115,238	100.0

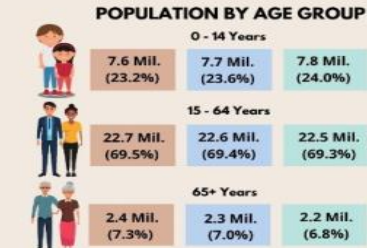
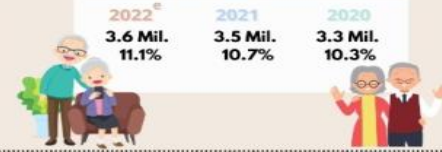
Source: Malaysia National Cancer Registry Report 2012 to 2016.

Aging population

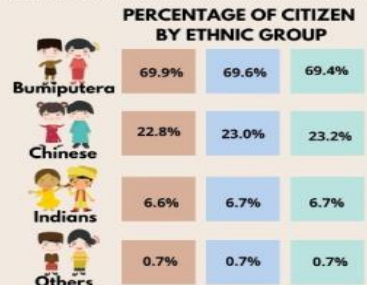
CURRENT POPULATION ESTIMATES, MALAYSIA 2022



POPULATION AGED 60 YEARS AND OVER



Median age increased from 30.4 years in 2022



Note: ^e Estimates
The added total may differ due to rounding



Source : Current Population Estimates, Malaysia 2022
Department of Statistics Malaysia (DOSM)

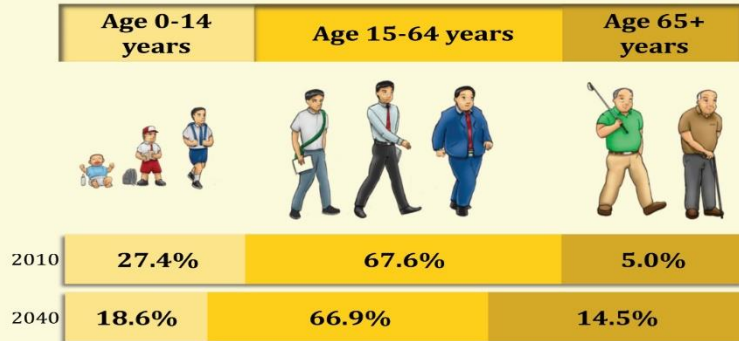
Exhibit 2: Percentage of population by age group and median age, Malaysia, 2019 and 2020^e



^e Estimates



The median age of a population is that age that divides a population into two groups of the same size, such that half the total population is younger than this age and the other



Percentage of old age increases significantly

Limitations of healthcare resources

Financial

- Investment in healthcare in Malaysia is low. Health expenditure as a percentage of GDP is only 4.1% according to the National Health Accounts (NHA).
- Expenditure from the private sector is only 2.2% of the NHA compared to Upper Middle Income Countries (UMIC) at 4.4% of NHA and High Income Countries (HIC) at 6.4% of NHA.
- Out-of-pocket expenditure on healthcare is high in the country.

Human and Infrastructure

- Overcrowding and long waiting times in hospitals and clinics.
- Inadequate and outdated healthcare facilities and equipment.
- Shortage of healthcare personnel.
- Imbalance of healthcare resources between the public and private sectors.

Adoption of digital health in Primary care



Health monitoring app



Wearable health devices



Internet of Things (IoT)



Big Data Analytics (BDA)



Artificial Intelligence(AI)

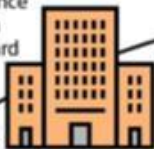
Part 3

Future Prospects and Recommendations



Key Performance Indicators
Data Analytics
Data Driven Decision

Performance Health Dashboard



KKM



Virtual Clinic Services



Democratise & decentralise healthcare services (Uberisation)

Digital Health Regulatory Framework to enhance Online Health Services

Fiberisation Cloud

Digitalisation Infrastructure

Patient Centric

Public Private Partnership (Health Advisory Council)

EMR via Government Hospital

EMR via Private Facilities & GPs

National Epidemiology & Surveillance Center

EMR in Tertiary Hospital



MyHDW (Malaysian Health Data Warehouse)

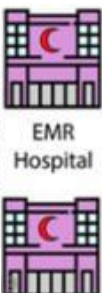
- Population Health Management
- Research & Planning
- Data Pipeline for Analytics



Private Hospital

Primary Healthcare Reform

Cluster Hospitals



EMR Hospital

Mental Health Reform



Health Information Exchange Standards

Health Financing



- Health Screening
- Incentive for Completion of Cancer Treatment

- Transport Incentives
- Medical Device Aid



PPR



EMR in Primary Health & Dental Clinic



General Practitioner

Shared Enabling Environment

Office of DDG (PH) MOH Malaysia



THANK
YOU