Malaysia: Governing for Quality Improvement in the Context of UHC

Background

History: Presently, Malaysia does not have a social health insurance scheme except for the Social Security Organization (SOCSO), which provides coverage to formal sector employees for work-related illnesses and injuries. Malaysia's current public health system does not target specific populations and the Ministry of Health (MOH) has a clear mandate to serve all. For services or items that are not covered under the subsidized care, the poor and those who cannot afford the services have access to a separate health fund to cover the expenses. This health fund was established in 2005 to cover the cost of care and treatment for those who cannot afford it (especially the purchase of surgical equipment, which is not subsidized).

The Quality Assurance Program developed since 1985, aims at establishing a mechanism to monitor quality of the various services delivered so as to detect shortfalls in quality in a planned manner and to investigate systematically the cause of such shortfalls and institute corrective measures thus improving quality. Over the years, the program has evolved with having National Indicator Approach (NIA) monitoring. Implicit in the NIA approach is the concept of "benchmarking" or comparison of performance with other similar institutions. This is intended to stimulate hospitals and other health care facilities within the MOH to compare their performance. Local hospitals or districts are expected to study the problems and initiate remedial actions even before they are informed of their performance at national level. There are many other Quality Improvement Initiatives that have been introduced since then such as Key Performance Indicators, Medical Audits, ISO 9000, Accreditation, Patient Safety Initiatives and Lean Health Care.

Background Country Data	
Total Population (millions)	29.7
Life Expectancy at birth (years, both sexes)	75
Infant Mortality (per 1,000 births)	7
Maternal Mortality (per 100,000 births)	29
Hospital beds (per 1,000 people)	1.9
Public health expenditure (% of total health expenditure)	54.8
Total health expenditure (% GDP)	4.1
OOP health expenditure (% of total expenditure)	36.1
Poverty headcount ratio at $1.25 a day (% of population)	N/A
GDP per capita (current USD)	10,538.1

Source: World Development Indicators, accessed March 2015

Governance: Within the public sector, funds collection takes place at the federal level. Operations are handled by the MOH which has primary responsibility for the health system. It guides policy formulation, engages in service delivery, and supervises the system.

Within the MOH, Malaysia, National Committees were established, under the chairmanship of the Secretary General and Director General, according to the different Quality Improvement initiatives.

Financing: Public health services are primarily financed by general government revenue. Public facilities also receive revenue from SOCSO, Employment Provident Fund (EPF), Private Health Insurance (PHI) and individuals (OOP) whilst private providers receive funding from individual patients (OOP), PHI, and Social Security

Organization (SOCSO). About 7% of all health spending was financed through PHI, 1% by SOCSO & EPF and OOP expenditures at approximately 39% of total expenditures (MNHA, 2013).

The Ministry of Finance centrally collects general taxes that are then used to finance health services. EPF is a compulsory employer employee contribution for employed individuals as an old age saving. However, up to 30% can be withdrawal to pay for health care. SOCSO is a social security protection scheme including health for work-related injuries for employees earning less than RM 3,000. Financing of health care services through EPF and SOCSO is marginal compared to general taxation.

All government agencies are involved in subsidies for health among others are Ministry of Health, Ministry of Higher Education, Ministry of Defense etc. Department of the Aborigines and Welfare Department provide social protection and assistance including health.

Source of financing is from the MOH allocated funding and the breakdown of allocation will depend on the performance of the hospitals or healthcare facilities and the manager of the facility will determine the quantum.

Key Lessons on Sequencing of Governance of Quality Reforms

- ***Background:*** In 1991, the Government launched the Upgrading the Quality of the Public Service, among other things, telephone courtesy call, guidelines to manage meetings, innovation awards and upgrading quality of counter services. In 1992, the Government introduced Total Quality Management as part of its efforts to raise the country's public services. The concept of Clients' Charter is adopted to make the clients of the MOH aware of what them may expect from the services example access time for outpatient care or emergency care. In 1998, Ministry of Health developed Strategic Plan for Quality. The Institute for Health Systems Research is the QA Secretariat for the Steering Committee of the Quality Assurance Working Group.

- ***An example of a "success":*** About 80% of the Government Hospitals were certified by Malaysia Society for Quality in Healthcare (MSQH), the Accreditation body in Malaysia. One of the State Hospitals, a 700 bedded hospital won the Public Services Quality Award in 1997, from the previous Prime Ministers. MOH was awarded as one of the Government Ministry to receive the full STAR RATING of 5 in 2012.

- ***An example of a "lesson learned" / Challenges:*** Processes of gathering information that involve data reliability. Most data is being collected manually. Issue of copy and paste, from previous years that involve the diversified involvement of all personnel. To inculcate the culture of quality to the more than 200,000 MOH personnel is a great challenge.

- ***A strategy:*** As internal measures many Quality Improvement Initiatives are outlined above. As an external measure, the Malaysia Society for Quality in Healthcare (MSQH) ensures health care is of a certain standard.

- Another Quality Initiatives known as Lean Health care which was recently introduced in 2015 is looking at improving the hospital efficiency especially in improving the congestion between Emergency Department and admission to Medical Ward.

- ***Looking ahead – Main focus of current efforts:*** Measuring Performance of health care quality at system level is the way forward. Malaysia would like to be benchmark with other developed countries in terms of health outcomes and health service quality. We would like to ascertain whether we have achieved Universal Health Care coverage. Thus, there is a need to develop a dashboard, to measure performance and ensure universal coverage. An organization known as Malaysia Health Performance Unit (MHPU) was formed in 2015 to move this forward.

  At the same time, MOH is looking at re-branding the Quality Improvement efforts with a "basket" of measurements (indicators) that will reflect the burden of diseases of the country and making reporting of data for quality improvement activities in electronic format.

Overview of Governing Quality – Key Inputs and Processes

Function of Quality	Institution Responsible for Function	Key Features and Processes
Regulation	Malaysian Medical Council and the Nursing Board of Malaysia Pharmacy Board Malaysia Malaysian Dental Council (MDC	• Licenses to practice for doctors and nurses are renewed annually. All doctors need compulsory CPD points for renewal of Annual Practicing Certificate (APC) will be made compulsory following the passing of the amended Medical Act (1971) (2012). The regulations are yet to be formulated by Malaysian Medical Council. • All nurses are required to achieve certain numbers of CPD points to be able to renew their Annual Practicing certificates. • All registered dental practitioners meet the minimum requirement of CPD before the practitioner is able to renew their Annual Practicing Certificate (APC). Practitioners who wish to apply their APC via MDC online system (DPIMS – Dental Practitioners' Information Management System) are encouraged to claim their CPD points through the Ministry of Health (MOH) CPD online system. • For the Pharmacists, the Pharmacy Board Malaysia is responsible in terms of accreditation of undergraduate pharmacy programs and pre-registration pharmacists (PRP) training centers, registration of PRP's, pharmacists and Pharmacy Assistants as well as community pharmacy benchmarking.
Law and Policies		There are existing legislations to ensure quality of services provided. Examples are listed below: • Administrative/Public Law • Malaysian Cyber Laws • Telemedicine Act 1997, reprint 2002 • Nurses Act 1950, revised 1969 • Registration of Pharmacists Act, 1951, Revised 1989 • Poisons Act, 1952, Revised 1989 • Medicines (Advertisement and Sales) Act, 1956, Revised 1984 • Midwife Act, 1966, Revised 1990 • Private Hospital Act, 1971 • Medical Act, 1971 • Medical Assistant Registration Act 1977 • Food Act, 1983 • Prevention and Control of Infectious Disease Act, 1988 • Optical Act, 1991 • Occupational and Safety Act, 1994 • Private Healthcare Facilities & Services Act 1998 • Traditional and Complementary Medicine Act 2013 **On quality of care pertaining to the management of medicines**, namely on the aspects of manufacturing, distributions, sales or supply and advertisement or promotions of medicinal products there are specific laws and regulations which are:- • Poisons Act 1952 with its regulations i.e. Poisons Regulations 1952 and Poisons (Psychotropic Substances) Regulations 1989. The Poisons Act 1952 and the regulations in general regulate the importation, possession, manufacture, compounding, storage, transport, sale and use of poisons. Poisons (Psychotropic Substances) Regulations 1989 specifically regulate the above mentioned matters on psychotropic substances. • Sale of Drugs Act 1952 with its regulation i.e. Control of Drugs and Cosmetics Regulations 1984. The Sale of Drugs Act 1952 regulates on matters relating to the sale of drugs of therapeutic purposes. Its regulations, Control of Drugs and Cosmetics Regulations 1984 defines the details in regulating matters pertaining to registration of medicinal products, notification of cosmetics, manufacturing and licensing (manufacturer, wholesaler, clinical trial to import and importer). • Registration of Pharmacists Act 1951 with its regulation i.e. Registration of Pharmacists Regulations 2004. Registration of Pharmacists Act 1951 establishes Pharmacy Board and regulates the registration of pharmacists. This Act looks into the practice and the code

		of conduct of practicing pharmacists. • Medicines (Advertisement and Sale) Act 1956 with its regulation i.e. Medicine Advertisements Board Regulations 1976. Medicines (Advertisement and Sale) Act 1956 prohibits certain advertisement relating to medical matters and to regulate the sale of substances recommended as a medicine. There are provisions that monitor **the quality aspects of the healthcare facilities:** Under the Private Healthcare Facilities and Services Act 1998 [Act 586]. Part XIII, sections 74 – 76 stipulates the requirements for these activities. Requirements under the Private Healthcare Facilities and Services Act 1998 • Incident reporting • Reporting of assessable deaths that occurred in the private healthcare facilities • Monitoring by the Board of Visitors that was established in the private hospitals For Pathology laboratories, the Pathology Laboratory Act 2007 [Act 674] has provisions that monitor quality aspects of these laboratories. Part IX, sections 44, 45 stipulates the requirement of these activities Under the Traditional and Complementary Medicine (TCM) Act 2013, Part V Sections, 30 and 31, stipulates the obligation of the TCM practitioner, duty to refer patient to medical/dental practitioners and duty to report any epidemic or other localized outbreaks of diseases.
Leadership and Management		The Secretary General of MOH and the Director General of Health are the two top level government officers as the alternate chairman of the Innovation Committee that looks at all the Quality Improvement Initiatives in the MOH. The Director General of Health is the chair for the National Patient Safety Council which involved both the public and private sectors in health care.
Monitoring and Evaluation	Institute for Health Systems Research. Medical Development Division, Division of Family Health Development A committee consist of Senior consultant O&G (MOH) as the Chairman, Director, Division of Family Health Development (FHDD) as the Co-Chairman and Director, Division of Hospital Development, MOH, O&G specialists from government hospitals and Universities, Senior consultant Anesthesiologist, Physicians, Pathologist and Forensic medicine, Director, Division of Nursing, MOH, Family Medicine Specialist, Senior Principal Assistant Director, FHDD, MOH, Principal Assistant Director, FHDD,	The Institute for Health Systems Research is the coordinating body in monitoring the National Indicators Approach (NIA) and the Hospital or District Specific Approach Indicators (HSA/DSA). There are 88 NIA indicators that are being monitored nationally from 10 different programs in the MOH. These programs consist of Patient Care, Public Health, Pharmaceutical, Oral Health etc. There are about 500 quality projects that were mostly adopted as hospital or district specific approach, depending on their issues and problem. The types of indicator are mainly process and outcome indicators as in the Appendix 3. In NIA, a standardized monitor-and feedback system was used as a top-down approach. There is a structured monitoring and reporting mechanism at all levels – healthcare professionals, clinic, district, state and national level. The National Quality Assurance National Committee is chaired by the Deputy Director General of Health (Research and Technical Support). Monitoring and evaluation are carried out six monthly and yearly at state and national level. At district level, more frequent monitoring is done. Districts/states with SIQ are required to investigate and institute remedial measures. At national level, different Program Heads, Ministry of Health chaired the meeting. All Deputy State Director related to the Programs (Medical, Public Health, Pharmacy etc.) are members of the meeting. Analysis of the data enables to compare achievement between states and remedial action can be learned and shared from each other. Reports are made known within the Programs and disseminated to states. Clinical Audit Unit under Quality in Medical Development Division, Ministry of Health emphasizes on the importance of ensuring safe and quality care provided for the population. Strict continuous monitoring, auditing and improvising policies are done to ensure quality of care is maintained and well executed. The programs monitored by Clinical Audit Unit are mostly focused on Operating Theatre and Intensive Care related programs.

	MOH, and Health Matron and Health Sister, FHDD,MOH as the permanent members. The secretary of the committee is Maternal Health Unit, FHDD, MOH.	1. POMR (Perioperative Mortality Review). 2. Malaysian Registry of Intensive Care (MRIC) 3. Audit on " Awareness under General Anesthesia"- adverse events of anesthesiology 4. Computerized Operating Theatre Documentation System (COTDS)/ Operation Theatre Management System (OTMS) **Confidential Enquiry Into Maternal Death (CEMD)** The Confidential Enquiry into Maternal Deaths (CEMD) has been introduced in Malaysia in 1991. The technical committee of CEMD study the adequacy of investigation and the clinical and administrative circumstances of every maternal death in detail while reviewing the reports submitted by states. This review/audit process identifies factors that contributed to each reported maternal death and to identify cause of death (classification by ICD 10), and classify the death to direct/ indirect/ fortuitous death. This will enables the providers to carry out remedial actions. However, the committee will ensure the confidentiality of the reports. Outcome from the CEMD, the committee will produce case illustrations on maternal death, clinical practice guidelines in Obstetric Care and produce annual reports including recommendations. **Under-5 Mortality Review** Under-5 Mortality Review at National Level was initiated in January 2012. The objective of the review is to look in the substandard care, remedial measure and actions that need to be taken national and sub-national level (state & district level) for death reported. These objectives are implemented at sub-national level (state & district level) through:- • Notification of Under-5 Death reported by hospitals and clinics through District Health Office/State Health Office to the National level • Under-5 Death Report from the hospitals and clinics need to be confirmed at District Health Office and endorsed by the State Health Department before it can be send to the National level • All Under-5 Death need to be investigated by the coordinator/administrator at the hospital and District Health Office and contributing factor, substandard care of each deaths need to be identified • Remedial measures and actions need to be taken by district/state to further prevent Under-5 Death **Key Performance Indicators** Key performance Indicators was first started in 2009. Different indicators for Minister of Health and Director General of Health were formulated. The indicators monitored and reported to the secretariat on monthly and yearly basis. Effective June 2013, every healthcare facility need to monitor Key Performance Indicators (KPI) related to Malaysian Patient Safety Goals and submit to Patient Safety Council, Malaysia their performance by 31st January the following year. Nevertheless, each facility needs to monitor its own performance regularly and do the remedial action. Annually, the council will analyze the performance and take actions to improve patient safety at the national level.
Planning	Economic Planning Unit, Prime Minister's Department Ministry of Health (MOH) is the main provider and purchaser of health in Malaysia	<u>Malaysia 5 year Health Plan</u> • Quality has been integral in the Malaysian 5 year Health Plan <u>The Strategic Plan for Quality in Health -</u> • This document defines the broad agenda in institutionalizing quality in health. • It is a framework within which decisions are made regarding policies, strategies and activities in addressing priority issues related to quality in health. • It provides directions for various quality improvement strategies and activities. <u>Malaysian Patient Safety Goals</u> Implementation of Malaysian Patient Safety Goals in all healthcare facilities in Malaysia from 1st June 2013 to address the key areas of patient safety in Malaysia. Many Acts and Regulations have been enacted to ensure quality of care, that care/services are being provided by well-trained professionals/certified suppliers to ensure public safety

		and quality services. Some examples of recent Acts are: • Revision of Medical Act (2012) • Traditional & Complementary Medicine Act (2012) • Medical Device Act (2012) <u>Many national policies on specific areas incorporate quality. Examples are:</u> • Guidelines on Clinical Governance – • National Policy on Blood Transfusion 2008 • National Medicine Policy
Financing	Ministry of Health (MOH) is the main provider and purchaser of health in Malaysia while other public sector providers are university hospitals and clinics under Ministry of Higher Education (MOHE) and Ministry of Defense (MOD) health facilities. These public sector providers were financed mainly through general taxation.	• Annual health budgets allocated by Ministry of Finance (MOF) to MOH based on the proportion of general tax decided annually in the National Budget. The proportion allocated was decided mainly on historical basis. • Employed workforce make contribution to EPF and are allowed to withdraw at a maximum of 30% of their own saving account in EPF for health related spending. SOCSO contributors will get medical benefits for work related injuries. • Out-of-pocket expenses incurred at the point of seeking care in the health facilities mainly in private sector as public sector in Malaysia was highly subsidized and patients only pay nominal fee.

Sources

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