

AKHBAR : THE STAR
MUKA SURAT : 3
RUANGAN : NATION

THE STAR m/s 3 NATION 14/12/2024 (SABTU)

Father in 'baby in freezer' case voices his grief

PETALING JAYA: The father of a baby allegedly kept in a hospital freezer for two weeks has voiced his grief over the circumstances concerning his son's death.

"What have I done wrong? What was the sin of my son?" said factory worker Safwan Roshdy, 22.

Muhammad Adham Mikail was born with severe abnormalities, including having only one eye and no nose.

He died 30 minutes after birth on Nov 24.

A private hospital in Selangor was alleged to have kept the body in a freezer for over two weeks as the bill was not settled.

mStar reported that Safwan had lodged a police report in Kota Damansara yesterday morning.

He was accompanied by lawyer Datuk Ahmad Zaharil Muhaiyar.

Ahmad Zaharil said that legal action would be taken against

social media users who had defamed Safwan's family, including accusations about his marital status.

"We have checked the status of my client's marriage certificate with the Perlis Islamic Religious Affairs Department and found that the certificate is valid," he said.

He said they would await the outcome of the investigation by the police and the Health Ministry

on the matter.

On Wednesday, Hospital Bersalin Razif issued a statement to address allegations that had been circulated on social media.

Among others, it explained that the mother had not gone for any antenatal checkup throughout her pregnancy but the hospital went ahead to admit her on "humanitarian grounds."

"She was brought to the labour room and delivered almost imme-

diately," the statement said.

Following the baby's death, the hospital said it reminded the woman several times to arrange for a burial.

She also told the hospital that she could not pay the RM2,480 bill, it said.

"As days passed, HBR kept reminding her to proceed with the burial but she kept saying her 'husband' was arranging it," said the hospital.

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 5

RUANGAN : NATION

NST M/S 5 NATION 14/12/2024 (SABTU)

BELOW 10 PER CENT

CALL TO CAP INSURANCE PREMIUM HIKE

Lawmakers say reasonable increase will ensure it remains affordable for M40 group

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PKR members of parliament and senators have called on Bank Negara Malaysia (BNM) to limit insurance premium hikes to less than 10 per cent.

In a joint statement yesterday, the lawmakers said a reasonable increase is essential to ensure such services remain affordable for the M40 group.

They said insurance should not become an exclusive service for the wealthy elite.

"If the M40 group can no longer afford health insurance, they will turn to government hospitals.

"This will burden public hospitals and the national healthcare

“We have received complaints of insurance premium hikes as high as 78 per cent. This figure far exceeds the 15 per cent healthcare inflation rate in Malaysia...”

system.

"We urge BNM to act decisively as a regulator to rectify the disorder within this sector," they said.

They also welcomed the announcement by Finance Minister II Datuk Seri Amir Hamzah Azizan who said an interim solution on the issue would be announced next week.

"On Dec 10, BNM briefed government MPs. During the briefing, we were informed that

healthcare inflation in Malaysia stands at 15 per cent, compared with 11.1 per cent in other Asia-Pacific countries.

"However, we have received complaints of insurance premium hikes as high as 78 per cent. This figure far exceeds the 15 per cent healthcare inflation rate in Malaysia, and we, PKR lawmakers, reject such exorbitant premium increases," they said.

The statement was issued jointly by Bayan Baru MP Sim Tze Tzin; Jimmy Pua (Tebrau); R Yuneswaran (Segamat); Chew Choon Mun (Miri); and Senator Amir Ghazali.

Previously, it was reported that medical insurance premiums were set to increase by 40 to 70 per cent next year.

In response, on Nov 29, BNM directed insurance companies and takaful operators (ITOs) to review their pricing strategies for medical and health insurance (MHIT) to ensure they are more reasonable.

This includes managing premium or contribution hikes while considering the impact on policyholders.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 5
RUANGAN : NATION

Healthcare reform: Focus on improving the public sector, says association

KUALA LUMPUR: Healthcare reform in Malaysia needs a more urgent focus on improving the public sector rather than prioritising changes within the private sector, according to experts.

The Association of Private Hospitals of Malaysia (APHM) president Datuk Dr Kuljit Singh said reforms in the private healthcare sector mostly benefit the M40 and T20 income groups, while the B40 group — the lowest-income bracket — remained largely underserved.

He said the primary focus should be on ensuring better access to quality public healthcare for the B40, who predominantly rely on public hospitals.

"I think parliamentarians and think tanks should focus more on the public healthcare system rather than the private sector," Dr Kuljit said during an interview on the *New Straits Times*' Beyond the Headlines podcast.

"If the delivery system in the public sector works well, we wouldn't have these issues."

While Dr Kuljit acknowledged that public healthcare reform was a complex issue, he argued that it should take precedence.

He suggested that healthcare workers in both public and private sectors needed to understand how each system operates before any changes were implemented.

"We need to sit together, learn from each other and make Malaysia a better place for our citizens," he said, adding that Malaysia already provided excellent healthcare for foreigners and should do the same for its own people.

On the other hand, former president of the Federation of Private Medical Practitioners' Associations Malaysia Dr Steven Chow highlighted another significant issue in the private healthcare system: Overservicing.

He said overservicing — where patients often consult general practitioners (GPs) before seeing specialists — would not only raise costs, but also complicate



Datuk Dr Kuljit Singh

insurance dynamics.

"In Malaysia, it's relatively easy to access GPs and get medication, which leads to long queues for consultations and treatments," he added.

Dr Chow said overservicing puts strain on insurance systems, as insurers often cherry-picked

clients based on age or pre-existing health conditions.

"When insurance comes in, they're not going to insure someone who's 65 or someone with a bad family history of diabetes," he said, highlighting how this issue affected overall healthcare costs.

He acknowledged the government's efforts through the Parliamentary Select Committee on Health, which has proposed recommendations to address rising insurance premiums.

However, he believes the public should have a stronger voice in discussions on healthcare reform.

"Taxpayers, who bear the ultimate costs, deserve to be part of these conversations," he said, suggesting that a national survey be conducted to involve the public in the decision-making process.

Dr Chow also warned that the growing commercialisation of healthcare was threatening the fundamental doctor-patient rela-

tionship, which he described as a "social contract".

He said introducing commercial interests into this contract could lead to significant difficulties for both patients and doctors.

"Imposing a commercial version into this contract is going to create a lot of difficulties," he added.

Dr Chow also highlighted how systemic flaws in the private healthcare sector, such as exclusionary practices and lengthy approval processes for treatments, were creating barriers for patients.

He said complaints from patients, doctors and hospitals reflected these deeper issues within the healthcare system.

"Before addressing this with a payment mechanism, I think a total relook at the system is required," he said, calling for expert consultation and reassessment to provide informed recommendations for the government.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 4
RUANGAN : BUSINESS TIMES

NST M/S 4 BUSINESS TIMES 14/12/2024 (SABTU)

MOVING FROM FEE-FOR-SERVICE MODEL

DRG ADOPTION IN PIPELINE?

But implementation requires extensive study given complexity of medical procedures, say analysts

MALAYSIA'S insurance industry has been pushing for private hospitals to move from fee-for-service payment models to a diagnosis-related group (DRG) or value-based healthcare since last year.

Concurrently, hospital operators such as IHH Healthcare Bhd and KPJ Healthcare Bhd have embarked on advocating value-based healthcare.

Some observers, however, feel that DRG's implementation requires extensive study and engagement with various stakeholders, given the complexity of each medical procedure and their underlying costs.

DRG is a healthcare payment system that specifies a fixed amount based on the complexity of a case rather than conventional fees-for-services.

Hospitals set a pre-determined price between the payer and themselves, before managing resources within that budget by focusing on cost-effective treatments (i.e. patient outcome), streamlining unnecessary procedures and preventing over-prescribing medication.

DRG effectiveness?

Affin Hwang Investment Bank Bhd analyst Tan Eileen said DRG had been shown to significantly minimise unnecessary hospital stays and control the rapid increase in healthcare costs, offering advantages to both hospitals and patients.

Anecdotal evidence from the United States Medicare programme shows DRGs have reduced hospital stays and curbed escalating healthcare expenses, although early discharges may occasionally impact health quality.

"In Australia, it helped to control healthcare expenditures and improve hospital resource management," said Tan.

RHB Investment Bank Bhd (RHB Research) analyst Oong Chun Sung said DRG was not a price-capping mechanism, but could be viewed as a cost-discipline approach on streamlining patient care.

"DRG benefits both hospitals by optimising resources and efficiency, while delivering better medical outcomes for patients," said Oong.

Implementation

RHB Research said based on its empirical studies across countries practicing DRG, the period required for the transition from examining to full implementation of a DRG model typically spanned at least three years.

"This duration is necessary due to the complexity of the process, which involves multiple stakeholders such as healthcare providers, government agencies and insurers, as well as the information technology systems."

"Moreover, the qualitative and quantitative complexity of a DRG system itself, such as accurate categorisation of diagnoses and procedures, setting appropriate reimbursement rates and aligning clinical practices with the payment model, adds significant challenges that require careful planning and coordination," Oong said.

RHB Research questioned whether Malaysia had the technical infrastructure and database capabilities required to transition to a DRG model in under three years.

Implementing a DRG-based system necessitated robust data management, including the ability to collect and analyse both cost and clinical data comprehensively, said Oong.

"According to a preliminary study by the World Bank, one of the key factors determining the success of DRG implementation is the availability and reliability of data."

"Furthermore, the representativeness of the data sample is critical. For a DRG system to function effectively, the data used to determine payment rates

and groupings must reflect the actual spectrum of clinical conditions, procedures, and patient demographics within a country."

"This includes data from a variety of healthcare settings, including public and private hospitals, to ensure that DRG categories are robust and aligned with the diverse healthcare needs of a population," Oong added.

Economist Dr Geoffrey Williams said the primary challenge private hospitals faced in shifting from a fee-for-service model to DRG or value-based healthcare was in the need for private medical providers to adopt a new mindset.

"In the current system, healthcare providers charge for everything on an item-by-item basis, which pushes

up their revenue at the expense of patients. Private health insurers pay the high costs and pass that onto patients by increasing insurance costs."

"Under the DRG approach, the costs for medical care are fixed according to the illness or procedure."

Geoffrey said the government could collaborate with the private

sector to facilitate a smooth implementation.

"It is the patients who are the government's priority, not private companies who are making excess profits by pushing up costs and insurance premiums," he said.

Serious healthcare system reform needed

RHB Research said Malaysia's healthcare system faced significant challenges despite having undergone a digital transformation since 1997.

While many healthcare facilities have implemented electronic health records (EHRs) or electronic medical records (EMRs), these systems remain fragmented, with patient data often isolated within individual hospitals or facilities.

The research firm suggested that the country could adopt a phased implementation approach to align its EMR aspirations with the DRG ambitions.

One approach is to limit the scope of the DRG system in its initial phases by concentrating on common diseases or conditions, as these are easier to classify and manage.

Another option will be for Malaysia to draw from the US model, which implemented the DRG system in phases.

"In this approach, a blended funding model could be introduced, where the healthcare system uses a combination of traditional funding models and DRG-based payments during the transition period."

"This would allow the country to ease into DRG while maintaining some flexibility in the funding structure," it said.



AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

Saran kenaikan yang munasabah bagi memastikan insurans terus mampu dibeli oleh golongan M40

Oleh FARAH SHAZWANI ALI
SHAH ALAM

Bank Negara Malaysia (BNM) perlu mengehadkan kepada kurang 10 peratus sahaja jika berlaku sebarang kenaikan harga premium insurans.

Ahli-ahli Parlimen dan Ahli Dewan Negara dari Parti Keadilan Rakyat (PKR) dalam satu kenyataan memaklumkan, ketetapan itu perlu dibuat memandangkan bukan semua pencarum akan membuat tuntutan insurans dan ia selaras dengan inflasi kesihatan serantau.

Justeru, mereka mencadangkan kenaikan yang munasabah bagi memastikan insurans terus mampu dibeli oleh golongan M40.

"Insurans tidak sepatutnya menjadi perkhidmatan eksklusif kepada golongan maha kaya sahaja.

"Jika M40 tidak mampu lagi membeli insurans kesihatan, mereka akan pergi ke

hospital kerajaan. Ini akan membebankan hospital kerajaan dan sistem kesihatan awam.

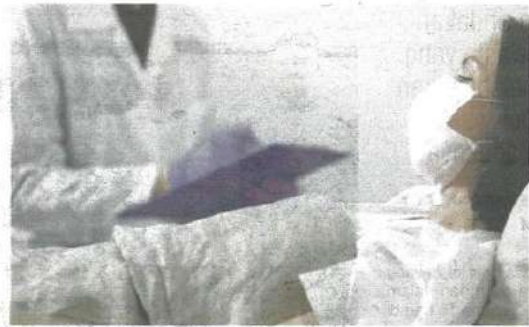
"Kami menyeru Bank Negara Malaysia menjalankan tugas sebagai pengawal selia dengan tegas untuk memperbetulkan kecelaruan yang berlaku dalam sektor MHIT (insurans, takaful perubatan dan kesihatan)," katanya.

Kenyataan bersama itu dikeluarkan oleh Ahli Parlimen Bayan Baru, Sim Tze Tzin, Jimmy Pua (Tebrau), Mohammed Taufiq Johari (Sungai Petani), R Yuneswaran (Segamat), Chew Choon Mun (Miri) dan Ahli Dewan Negara, Amir Ghazali.

Mereka turut menyambut baik kenyataan Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan bahawa penyelesaian interim akan diumumkan minggu hadapan.

Jelasnya, ia selaras dengan komitmen yang diberikan oleh menteri berkaitan kepada ahli-ahli Parlimen kerajaan pada 10 Disember lalu.

'Insurans bukan eksklusif untuk maha kaya sahaja'



Bimbang ramai tidak berpeluang guna perkhidmatan insurans.
- Gambar hiasan

"Ini juga menunjukkan bahawa kerajaan prihatin kepada permasalahan rakyat," kata kenyataan itu.

Pada 10 Disember lalu, BNM telah memberi taklimat kepada ahli-ahli Parlimen kerajaan dan dimaklumkan bahawa inflasi kesihatan di Malaysia adalah

pada kadar 15 peratus berbanding 11.1 peratus di negara Asia Pasifik lain.

Bagaimanapun, aduan kenaikan syarikat-syarikat premium insurans yang diterima dilaporkan sehingga 78 peratus, jauh berbeza dengan kadar 15 peratus inflasi kesihatan di Malaysia.

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

SINAR HARIAN M/S 6 NASIONAL 14/12/2024 (SABTU)

KKM, BNM perlu semak silang punca caj meningkat - Khairy

SHAH ALAM – Cadangan pelaksanaan sistem pembiayaan Diagnosis-Related Group (DRG) atau sistem pembiayaan kesihatan yang menetapkan kadar amaun tetap pembayaran berdasarkan kadar kerumitan kes dalam kalangan fasiliti kesihatan swasta mampu memberikan aspek ketelusan dan keadilan kepada pesakit.

Bekas Menteri Kesihatan, Khairy Jamaluddin Abu Bakar berkata, cadangan pendekatan DRG itu telah diusahakannya sewaktu mengetuai Kementerian Kesihatan (KKM) selama lebih setahun dengan satu perbincangan bersama pengurusan hospital-hospital telah diadakan bagi membincangkan polisi penetapan harga perkhidmatan mereka.

Jelasnya, polisi peletakan harga perkhidmatan dan ubat-ubatan diamalkan fasiliti kesihatan swasta sedia ada ketika ini dianggap kurang ketelusan dan lebih bersifat *itemize billing*, di mana hospital akan mengenakan caj bagi setiap item perubatan atau perkhidmatan secara berasingan tanpa diketahui tahap munasabah harga dikenakan.

“Sebab itu saya mencadangkan supaya satu pendekatan harga bagi fasiliti kesihatan swasta dibuat melalui kaedah DRG.

“Melalui kaedah ini, daripada *line item*, kita ambil kes-kes secara berkumpulan berdasarkan faktor kerumitan kes, demografi pesakit dan kemampuan kewangan pesakit untuk membayar.

“Jadi bila kes-kes sebegini dirujuk sebagai satu kumpulan, maka penetapan julat anggaran bagi setiap kes perubatan akan dapat dicapai. Sebagai contoh kalau saya hendak dapatkan rawatan untuk prosedur penyakit berkaitan kardiovaskular atau jangkitan pernafasan, mereka boleh mendapatkan maklumat julat anggaran caj perubatan yang akan dibayar lebih awal.

“Paling penting, langkah ini sekali gus dapat mengelakkan amalan *itemize billing* dan *fee-for-services* yang tidak telus,” katanya menerusi siaran audio siar *Keluar Sekejap* minggu lalu.

Menurut Khairy, beliau menyambut baik usaha Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad untuk melaksanakan DRG.

Selain itu, Khairy menegaskan KKM dan Bank Negara Malaysia (BNM) perlu bergerak seiring bukan sahaja untuk berbincang dengan Persatuan Pengusaha Hospital Swasta Malaysia (APHM) bagi menyelami faktor peningkatan caj perkhidmatan kesihatan swasta, bahkan pengendali insurans dan takaful (ITO).

“Ini kerana APHM mendakwa sektor fasiliti kesihatan swasta sebenarnya tidak menjana keuntungan besar dan sekadar mencapai margin keuntungan selepas cukai antara sembilan hingga 11 peratus setahun, nilai lebih rendah dibanding sektor-sektor lain.

“ITO pula memberi antara alasan cadangan kenaikan premium insurans kesihatan dikemukakan disebabkan beban kenaikan caj perubatan swasta semakin bertambah.

“Di sini beban tugas tidak boleh sekadar disandarkan kepada BNM untuk menjadi badan pengawal selia industri insurans dan takaful, tetapi KKM juga wajar campur tangan dan terlibat dalam mengawal selia faktor sebenar di sebalik peningkatan caj perubatan dalam kalangan fasiliti swasta.

“Kita kena tengok BNM dan KKM memainkan peranan menyemak silang percanggahan alasan daripada ITO dan fasiliti kesihatan swasta demi aksesibiliti kesihatan rakyat yang lebih baik,” katanya.



KHAIRY

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

SINAR HARIAN m/6 6 NASIONAL 14/12/2024
(SABTU)

Kenaikan premium insurans: BNM perlukan sedikit masa - Fahmi

PUTRAJAYA - Bank Negara Malaysia (BNM) memerlukan sedikit masa lagi sebelum memutuskan sebarang keputusan berhubung isu kenaikan premium insurans perubatan.

Jurucakap Kerajaan Perpaduan, Fahmi Fadzil berkata, perkara tersebut dimaklumkan oleh Perdana Menteri, Datuk Seri Anwar Ibrahim dalam mesyuarat Kabinet.

"Hari ini Perdana Menteri memaklumkan BNM memerlukan sedikit masa lagi tetapi akan membuat keputusan dalam masa terdekat. Kita harap pengumuman berkenaan akan memberikan kelegaan kepada rakyat dan juga pembeli insurans," katanya menerusi sidang akhbar pasca mesyuarat Kabinet di sini pada Jumaat.

Kerajaan memberi tumpuan berhubung perkara tersebut selepas premium insurans perubatan dilaporkan akan meningkat antara 40 hingga 70 peratus mulai tahun hadapan.

Susulan itu juga, BNM telah mengarahkan syarikat insurans dan pengendali takaful menyemak strategi penentuan semula harga insurans perubatan serta kesihatan untuk memastikan ia lebih wajar.

Ia termasuk menguruskan kenaikan premium atau sumbangan dengan mengambil kira impak terhadap pemegang polisi takaful.

Malah Perdana Menteri pada sesi Waktu Pertanyaan-Pertanyaan Menteri di Dewan Rakyat Selasa lepas, menjelaskan BNM dan Kementerian Kesihatan akan menentukan kawalan agar kenaikan itu tidak terlalu tinggi hingga menimbulkan pelbagai masalah kepada pesakit.

Sementara itu, Fahmi berkata, Suruhanjaya Komunikasi dan Multimedia Malaysia akan membelanjakan RM13.7 juta untuk melengkapkan lebih 2,000 akses point internet jalur lebar tanpa wayar di Universiti Malaya, Universiti Islam Sains Malaysia dan Universiti Malaysia Perlis bermula Januari depan.

AKHBAR : SINAR HARIAN
MUKA SURAT : 7
RUANGAN : NASIONAL

SINAR HARIAN MIS 7 NASIONAL 14/12/2024 (SABTU)

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SABTU 14 DISEMBER 2024 • SINAR HARIAN

Punca caj hospital swasta melambung, bebaskan sistem perubatan kerajaan

Sakit kronik, faktor penuaan meningkat

Oleh LIZA MOKHTAR
SHAH ALAM

Peningkatan penyakit kronik dan faktor penuaan dalam kalangan rakyat antara punca caj hospital swasta melambung.

Menurut Pensyarah Ekonomi dan Polisi Kesihatan Universiti IMU, Profesor Emeritus Datuk Dr Syed Mohamed Aljunid, peningkatan ketara penyakit kronik dalam kalangan hampir dua pertiga penduduk negara menyumbang kepada kenaikan caj rawatan di hospital swasta.

"Selain itu, faktor penuaan turut memainkan peranan penting berikutan hampir 75 peratus warga emas negara ini mengalami penyakit kronik.

"Dari aspek perkhidmatan kesihatan, faktor-faktor di atas bermakna kos ubat-ubatan yang tinggi, peningkatan dalam kadar kemasukan ke hospital dan penggunaan alat-alat perubatan canggih untuk mengesan pelbagai jenis penyakit menyebabkan kenaikan kos rawatan," katanya.

Tambah Dr Syed Mohamed yang juga Presiden Persatuan Ekonomi Kesihatan Malaysia, tidak dapat dinafikan praktis perubatan yang tinggi variasinya menyebabkan kos meningkat.

"Penggunaan kaedah bayaran kepada hospital swasta *fee-for-services* dan juga bil mengikut item (*itemised billing*) memungkinkan pesakit diberikan perkhidmatan yang tidak diperlukan oleh pengamal perubatan yang mahu mengambil kesempatan untuk meningkatkan caj," katanya.

Ujar beliau, situasi bertambah buruk apabila rakyat terpaksa bergantung kepada insurans kesihatan sekiranya hendak mendapatkan perkhidmatan kesihatan di hospital swasta.

Tambahnya, kenaikan premium insurans kesihatan swasta yang terlalu tinggi dan

mendadak menyebabkan ramai dalam kalangan pengguna tidak mampu untuk terus membayar premium tersebut.

"Jika di negara jiran seperti Indonesia, Thailand, Vietnam dan Filipina mereka menubuhkan insurans kesihatan nasional yang dikendalikan oleh kerajaan dengan kadar premium yang jauh lebih rendah daripada insurans kesihatan swasta.

"Malangnya, Malaysia masih belum mengambil inisiatif membangunkan insurans kesihatan nasional sebagai alternatif walaupun perbincangan mewujudkan skim tersebut telah bermula sejak tahun 80-an lagi," katanya.

Ditanya saranan bagi mengatasi isu caj hospital swasta yang melambung tinggi, Dr Syed Mohamed berkata, antara langkah yang boleh dilaksanakan termasuk memastikan had maksimum kenaikan premium setiap tahun yang dibolehkan kepada insurans kesihatan swasta.

"Kerajaan juga boleh menguatkuasakan supaya insurans kesihatan swasta menggunakan kaedah *community rating* dan bukan *risk rating* dalam pengiraan premium insurans bagi mengawal kenaikan premium dengan berkesan.

"Seterusnya, usaha boleh dijalankan untuk memastikan insurans kesihatan swasta tidak beroperasi mengikut acuan *multi-level marketing* dalam menguruskan ejen-ejen insurans," katanya.

Ujarnya, langkah lain yang boleh diusahakan adalah dengan menukar kaedah bayaran hospital swasta daripada *fee-for-services* kepada pembayaran mengikut pakej *Diagnosis-Related Group (DRG)*.

Untuk rekod, DRG adalah kaedah pengelasan kos rawatan pesakit mengikut diag-



Kenaikan caj hospital swasta menyebabkan lebih ramai memilih hospital kerajaan yang sudah terbeban dengan jumlah pesakit yang ramai.

nosis dan prosedur yang dijalani di mana kos rawatan boleh ditetapkan dengan lebih awal dan hospital dibayar dengan pakej tersebut.

Turut senada, Pensyarah Perubatan Jabatan Kesihatan Awam Universiti Kebangsaan Malaysia, Profesor Dr Sharifa Ezat Wan Puteh berkata, caj hospital swasta mengalami kenaikan tinggi disebabkan inflasi perubatan seperti kos ubat mahal, pertambahan pesakit dan beban pesakit.

"Inflasi perubatan ini boleh mendorong kepada kenaikan kos rawatan di hospital swasta selain mengakibatkan kesan domino terhadap premium insurans perubatan di mana pesakit perlu membayar lebih.

"Apabila pesakit tak mampu tanggung kenaikan premium, lebih ramai akan menggunakan sistem perubatan kerajaan yang jauh lebih murah, namun hal ini boleh menambah beban kepada fasiliti perubatan kerajaan yang sedia ada berdepan masalah jumlah pesakit ramai," katanya.

Tambah Sharifa Ezat, sebagai opsyen kepada terpaksa membayar caj mahal di

hospital swasta berkemungkinan lebih ramai akan memilih kaedah perubatan alternatif atau sekadar membeli ubat dalam talian.

"Hal tersebut boleh mendatangkan pelbagai risiko bahaya berikutan tiada jaminan ia betul-betul selamat untuk pesakit," katanya.

Dalam pada itu, beliau juga mengakui negara amat memerlukan segera kaedah pembayaran DRG bagi mengatasi isu caj hospital swasta yang semakin mahal.

"Bagaimanapun, jika sistem insurans sosial dilaksanakan guna sistem *case mix* (bayaran pesakit dalaman ke hospital menurut kod penyakit) dan DRG yang setara, maka kos pembayaran akan menjadi sama di pihak swasta dan kerajaan di mana ia mengikut kos DRG standard untuk hospital yang melanggan sistem insurans tersebut.

"Contoh, semua pesakit yang mempunyai deskripsi penyakit sama seperti kencing manis tanpa komplikasi, akan perlu membayar rawatan hospital mereka mengikut jumlah kos sama," katanya.



DR SYED MOHAMED ALJUNID



DR SHARIFA EZAT

AKHBAR : SINAR HARIAN
MUKA SURAT : 7
RUANGAN : NASIONAL

Syor caj berdasarkan pakej rawatan kelompok DRG

SHAH ALAM - Kaedah pembayaran secara *fee-for-services* (caj berasaskan servis prosedur kesihatan berbeza) yang diamalkan sektor kesihatan swasta ketika ini mempunyai kelemahan dari segi kawalan caj.

Bekas Timbalan Ketua Pengarah Kesihatan (Perubatan) Kementerian Kesihatan (KKM), Profesor Datuk Dr Rohaizat Yon berkata, ini kerana setiap caj adalah berdasarkan kuantiti perkhidmatan atau prosedur kesihatan yang diberikan, mendorong kepada penambahan kuantiti perkhidmatan termasuk perkhidmatan kurang atau tidak diperlukan pesakit.

Berikutan itu, beliau mengesyorkan beberapa kaedah lain yang lebih telus dan efektif dilaksanakan di luar negara seperti caj berdasarkan pakej rawatan kelompok atau lebih dikenali *case mix Diagnostic Related Group* (DRG), *capitation* dan penyediaan perkhidmatan melalui pusat rawatan harian.

"Bagi perkhidmatan caj mengikut bilangan item ubat-ubatan sebagaimana diamalkan farmasi-farmasi, langkah itu mungkin boleh bantu kurangkan caj rawatan di



DR ROHAIZAT

fasiliti kesihatan swasta.

"Bagaimanapun, tahap keberkesanannya agak terhad terutama dengan kaedah *fee-for-services* yang diamalkan.

"Selain itu, walaupun terdapat peningkatan kos ubat-ubatan, terdapat klinik swasta yang masih tidak meningkatkan caj bil rawatan pesakit. Ini kerana mereka mengurangkan caj konsultasi dan mengharapkan keuntungan berdasarkan penambahan kuantiti pesakit

hadir mendapatkan rawatan," katanya. Sementara itu, Dr Rohaizat turut ber-

pandangan sekiranya caj bagi prosedur tertentu boleh dipaparkan fasiliti kesihatan swasta, langkah itu sama sekali membantu pesakit memilih mana-mana fasiliti yang menawarkan caj lebih murah.

"Namun manipulasi masih boleh berlaku kerana terdapat fi terlindung yang tidak dimaklumkan oleh fasiliti kesihatan swasta terbabit," tegasnya.

Bagi Dr Rohaizat, sebarang langkah penyelesaian menang-menang yang dicapai antara kerajaan dan sektor kesihatan swasta harus berpandukan kepada inti pati Kertas Putih Kesihatan yang diluluskan Parlimen.

AKHBAR : BERITA HARIAN
MUKA SURAT : 24
RUANGAN : BISNES



Sistem DRG ubah landskap penjagaan kesihatan negara

**Hospital, pesakit
raih manfaat
peningkatan
kecekapan serta
keberkesanan
kos rawatan**

Oleh Mohd Zaky Zainuddin
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Sistem pembiayaan merangkumi klasifikasi pesakit berdasarkan diagnosis (DRG) yang bakal dilaksanakan di hospital swasta di Malaysia dijangka membawa perubahan signifikan terhadap landskap penjagaan kesihatan negara.

Penganalisis RHB Research, Oong Chun Sung, berkata sistem itu yang mengklasifikasikan pesakit berdasarkan diagnosis, jenis rawatan dan perubahan di mana

perubahan kepada landskap sektor kesihatan, sistem pembiayaan DRG bagaimanapun menimbulkan beberapa persoalan dan cabaran.

“DRG bukanlah mekanisme kawalan harga, tetapi lebih kepada pendekatan disiplin kos yang memberi manfaat kepada hospital dengan mengoptimalkan sumber dan kecekapan dan bagi pesakit, ia menyediakan rawatan lebih baik,” katanya dalam satu nota penyelidikan.

Chun Sung berkata, penurunan nilai saham syarikat penjagaan kesihatan yang berkemungkinan berpunca daripada ketidaktepatan jangka pendek berkaitan peralihan sistem dilihat sebagai peluang baik untuk pelabur menambah pegangan.

“Kami berpendapat penurunan nilai (saham) ini dapat menawarkan peluang membeli yang menarik kepada pelabur yang memahami perubahan menyeluruh jangka panjang yang berlaku dalam industri penjagaan kesihatan.

tan yang lebih cekap, jimat kos dan menumpu pada hasil rawatan,” katanya.

DRG adalah sistem bayaran penjagaan kesihatan yang menentukan jumlah bayaran tetap berdasarkan kerumitan kes dan bukannya bayaran untuk setiap perkhidmatan seperti amalan biasa.

Jimat kos rawatan

Hospital akan menerima harga yang ditentukan awal, sebelum menguruskan sumber berdasarkan peruntukan terbahagi dengan menumpukan kepada rawatan yang menjimatkan kos berdasarkan hasil rawatan pesakit, pengemasan prosedur yang tidak diperlukan dan pemberian ubat berlebihan.

“Kami difahamkan industri insurans telah mendesak hospital swasta untuk beralih daripada model bayaran untuk setiap perkhidmatan kepada DRG atau penjagaan kesihatan berasaskan nilai sejak tahun lalu.

“Pada masa yang sama, hospital yang kami lihat seperti UHL, Hospita