AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION

Govt finalising wait time plan

Issue at hospitals nationwide being reviewed in detail, says Zulkefly

By BENJAMIN LEE
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PUTRAJAYA: A plan to reduce frequent excessive waiting times at government hospitals nationwide is in the final phase of development, says Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*).

He added that his ministry had been looking into resolving the long-standing issue since last year even before he took over the minister's post.

"The matter is being reviewed in detail through engagement sessions with other relevant ministries and agencies and is in its final phase of development. When it is ready, we will make an official announcement.

"But for now, we ask that the people give us time to be thorough in solving this key issue," he said at a press conference at the Safe Food Expo here yesterday.

Dzulkefly declined to confirm whether the long waiting times were caused by a shortage in medical personnel.

Earlier in his speech, he said that the rate of food poisoning cases in Malaysia has dropped by more than 20% so far this year compared to 2024.

He added that 204 food poisoning cases were reported as of May this year, compared to 707 cases reported in 2024.

"This encouraging trend shows a slight decrease of 23% in food poisoning cases compared to the same period last year. We will continue our efforts to educate the public on the steps they can take to prevent food poisoning and hope to further enhance public knowledge on food safety.

"But we must remember that we ourselves are responsible for verifying the authenticity of information related to food safety and protecting ourselves from food poisoning," he said.

Dzulkefly added that the primary cause of food poisoning cases in the country are due to bacteria infections such as E. Coli and salmonella bacteria that is commonly found in undercooked or unsanitary food.

He also said almost 2,000 eateries have managed to obtain Clean and Safe Recognition (BeSS) status, making the total number of eateries having the certificate to 13,998 from 11,200 premises this year.

He added that this 24.9% increase marked a significant positive milestone in improving food safety in the country with a show of unity from businesses.

"This shows the growing commitment of various stakeholders in the food industry to ensure safer and higher-quality food for Malaysians," he said.

AKHBAR : HARIAN METRO
MUKA SURAT : 9
RUANGAN : LOKAL

KURANG WAKTU MENUNGGU DI HOSPITAL KERAJAAN

KKM di peringkat akhir tangani isu

Putrajaya: Kementerian Kesihatan Malaysia (KKM) kini berada di peringkat akhir dalam usaha menyelesaikan isu kelewatan masa menunggu lama bagi pesakit di hospital kerajaan, khususnya yang melebihi enam jam.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, KKM sedang meneliti secara menyeluruh perkara itu melalui sesi libat urus bersama kementerian dan agensi berkaitan sebelum membuat sebarang pengumuman rasmi.

Katanya, isu ini sudah ditangani sejak tahun lalu termasuk dalam tempoh saya kembali menerajui KKM.

"Tolong beri sedikit ruang kerana ia kini di peringkat akhir," katanya kepada media selepas merasmikan Ekspo Makanan Selamat (eMas) peringkat kebangsaan di sebuah kompleks beli-belah di sini semalam.

Ekspo eMas diadakan sempena Sambutan Hari Keselamatan Makanan Sedunia dan bertujuan melindungi kesihatan pengguna selain menyokong kelancaran perdagangan makanan di peringkat antarabangsa.

Tolong beri sedikit ruang kerana ia kini di peringkat akhir"

Dr Dzulkefly

AKHBAR : BERITA HARIAN
MUKA SURAT : 1
RUANGAN : MUKA DEPAN

Syor model perlindungan liputan kesihatan bertingkat tidak beban rakyat

Nasional 4

PELAN EMAS 80% perlindungan

Pelan ini menetapkan premium lebih tinggi tetapi memberikan kos tanggungan sendiri yang lebih rendah, dengan perlindungan sekitar 80 peratus daripada keseluruhan bil perubatan, manakala 20 peratus lagi menjadi tanggungjawab pengguna.

PELAN PERAK 70% perlindungan

Pelan Perak dilihat sebagai pilihan sederhana dengan imbangan antara premium dan kos tanggungan sendiri. Kadar perlindungan dianggarkan 70 peratus, sementara selebihnya sebanyak 30 peratus perlu dibayar pengguna.

PELAN GANGSA 60% perlindungan

Pelan ini menawarkan premium paling rendah namun pengguna perlu menanggung kos sendiri yang tinggi, dengan perlindungan dianggarkan sekitar 60 peratus daripada jumlah bil perubatan, manakala baki 40 peratus ditanggung individu.

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

Kerajaan disaran teliti model perlindungan kesihatan bertingkat

Langkah bagi pastikan skim insurans asas mampu atasi kesan inflasi kos perubatan

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Kuala Lumpur: Kerajaan disaran meneliti model perlindungan kesihatan bertingkat bagi memastikan skim insurans asas mampu menangani kesan inflasi kos perubatan serta tidak membebankan rakyat berpendapatan rendah.

Eksklusif

Model Perlindungan Liputan Kesihatan Bertingkat atau *tiered health coverage* yang dilaksanakan di beberapa negara luar seperti Jerman dan Jepun ialah satu sistem di mana pelan insurans kesihatan menyusun penyedia penjagaan kesihatan kepada beberapa peringkat atau *tier*, biasanya berdasarkan kos, kualiti penjagaan dan tahap kepuasan pesakit.

Pakar ekonomi, Datuk Prof Nik Maheran Nik Muhammad, berkata menerusi model berkenaan, golongan B40 boleh menerima perlindungan penuh dibiayai sepenuhnya kerajaan, manakala golongan M40 dan T20 membayar secara premium berdasarkan pendapatan masing-masing.

"Model rangkaian bertingkat ini terbukti lebih adil, bersasar dan realistik. Golongan berpendapatan rendah tidak terbeban dan kumpulan berpendapatan tinggi pula boleh menyumbang lebih kepada dana insurans," katanya kepada *BH*.


Nik Maheran

Sebelum ini, Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan memaklumkan kerajaan sedang mempertimbangkan langkah memperkenalkan skim insurans asas bagi mengurangkan kesan inflasi kos perubatan yang kini membimbangkan rakyat.

Beliau berkata, kerajaan sudah menubuhkan satu jawatankuasa bersama dengan kerjasama Kementerian Kewangan, Bank Negara Malaysia (BNM), Kementerian Kesihatan (KKM) dan beberapa agensi berkaitan.

Justeru, terdapat beberapa pihak mencadangkan kerajaan mempertimbangkan untuk meningkatkan jumlah caruman dalam Kumpulan Wang Simpanan Pekerja (KWSP) khas untuk skim kesihatan tanpa menggunakan simpanan persaraan.

Perlu perancangan rapi

Mengulas lanjut, Nik Maheran berkata, cadangan itu wajar dilaksanakan bagi jangka panjang, namun mengingatkan sebarang penambahan caruman wajib perlu disusun dengan teliti supaya tidak menekan rakyat, terutama ketika kos sara hidup masih tinggi.

"Kalau pelaksanaan dibuat tanpa perancangan rapi, beban caruman tambahan boleh mengurangkan pendapatan boleh guna rakyat. Jadi perlu ada mekanisme subsidi daripada kerajaan dan majikan.

"Sekiranya ia mahu dilaksanakan, kerajaan boleh melihat beberapa negara yang melaksanakannya seperti Amerika Syarikat (AS) yang memperkenalkan *Obamacare* atau *Affordable Care Act* yang menggabungkan subsidi majikan dan kerajaan dengan pekerja diberi pilihan membeli pelbagai pelan insurans.

"Di Singapura pula, sistem *Medisave*, *Medishield Life* dan *Medifund* menyediakan simpanan wajib untuk rawatan perubatan, perlindungan penyakit kronik serta dana bantuan perubatan bagi mereka yang tidak mampu.

"Jika di Malaysia, caruman kesihatan ini perlu diasingkan daripada simpanan persaraan supaya tidak menjejaskan KWSP. Akaun khas kesihatan boleh diwujudkan, sama seperti CPF di Singapura," katanya.

Beliau turut mencadangkan skim perlindungan sedia ada seperti MySalam dan Skim Peduli Kesihatan B40 (PeKa) juga diperluas kepada kumpulan M40 dengan kadar caruman lebih kecil.

Beliau turut menekankan kepentingan pendidikan kewangan dan kesedaran simpanan kesihatan bermula pada peringkat universiti supaya rakyat lebih bersedia menghadapi kos rawatan tidak dijangka.

Sementara itu, Pensyarah Fakulti Sains Kesihatan di Universiti Sultan Zainal Abidin (UniSZA), Prof Madya Dr Aryati Ahmad berkata, skim itu boleh dilaksanakan, namun perlu secara berfasa dan selari dengan tahap sosioekonomi negara.

Katanya, buat masa ini skim seumpama itu belum lagi sesuai kerana kadar kebergantungan rakyat kepada bantuan kerajaan masih tinggi terutama 80 peratus daripada M40 dan B40.

Beliau berkata, meskipun terdapat peningkatan dari segi sosioekonomi, namun akses untuk sektor perubatan dilihat masih jauh.

"Ini pendapat peribadi saya, sekitar 70 peratus rakyat kita masih ramai yang belum mampu untuk sediakan insurans perubatan.

"Tapi cepat atau lambat, kerajaan perlu mencari penyelesaian untuk mengurangkan kebergantungan rakyat kepada mereka,"katanya.

Aryati berkata, selain isu insurans kepada rakyat, fasiliti kesihatan juga perlu ditambah baik untuk menerima pesakit.

"Tapi secara jujurnya, Malaysia masih lagi antara negara yang mempunyai sistem penjagaan kesihatan yang terbaik," katanya.

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

Isu menunggu lama di hospital

KKM peringkat akhir atasi masalah

Putrajaya: Kementerian Kesihatan (KKM) mengesahkan pihaknya kini pada peringkat akhir menyelesaikan isu waktu menunggu lama bagi pesakit untuk menerima rawatan di hospital kerajaan, khususnya yang melebihi enam jam.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata KKM sedang meneliti secara menyeluruh perkara itu melalui sesi libat urus bersama kementerian dan agensi berkaitan sebelum membuat sebarang pengumuman rasmi.

Beliau bagaimanapun menegaskan, isu waktu menunggu lama itu sebenarnya sudah ditangani sejak tahun lalu termasuk dalam tempoh beliau kembali menerajui KKM.

"Tolong beri sedikit ruang kerana ia kini pada peringkat akhir," katanya kepada media selepas merasmikan Ekspo Makanan Selamat (eMas) peringkat kebangsaan di sebuah kompleks beli-belah di sini, semalam.

Ekspo eMas yang diadakan sempena Sambutan Hari Kesedaran Makanan Sedunia bertujuan melindungi kesihatan pengguna, selain menyokong kelancaran perdagangan makanan pada peringkat antarabangsa.

Dalam pada itu, Dr Dzulkefly ketika ditanya, sama ada isu waktu menunggu lama di hospital kerajaan berpunca daripada kekurangan tenaga kerja perubatan termasuk doktor dan jururawat yang memilih berkhidmat di hospital swasta, bagaimanapun enggan mengulas lanjut.

"Saya tidak mahu komen lanjut kerana perkara ini sudah beberapa kali dijelaskan kepada media.... tunggu penjelasan rasmi daripada pihak kementerian," katanya.

Dr Dzulkefly (tengah), melancarkan Modul Pengajaran Latihan Pengendali Makanan Khas Bagi Kategori OKU pada perasmian Ekspo Makanan Selamat di Putrajaya, semalam. (Foto Mohamad Shahril Badri Saali/BH)

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

KKM giat perkasa industri makanan selamat negara

PUTRAJAYA - Sebanyak 707 kes keracunan makanan direkodkan pada tahun lalu, manakala 204 kes dilaporkan setakat Mei lalu, kata Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad.

Menurutnya, jumlah tersebut mencatatkan sedikit penurunan, iaitu sebanyak 23 peratus berbanding tempoh sama pada tahun sebelumnya.

Katanya, Tinjauan Kebangsaan Kesihatan dan Morbiditi (NHMS) 2024 turut mendapati bahawa 40.5 peratus warga emas dan 28.7 peratus remaja tidak membaca label makanan, menunjukkan masih wujud jurang literasi yang perlu ditangani bersama.

Justeru ujarnya, Kementerian Kesihatan Malaysia (KKM) akan terus komited dalam mentransformasikan sistem kesihatan negara daripada berfokuskan rawatan kepada pencegahan.

"Program Keselamatan dan Kualiti Makanan (PKKM) bertindak sebagai 'penjaga pintu' kepada keselamatan makanan negara. Pelbagai inisiatif berimpak tinggi telah dilaksanakan termasuk pensijilan, pengiktirafan, pelesenan dan kempen kesedaran untuk sektor makanan serta pengguna.

"Premis Bersih Bebas Asap (BeBAS) merupakan salah satu inisiatif yang melambangkan komitmen kita dalam menyediakan persekitaran makanan yang selamat, bersih dan bebas asap rokok.

"Setakat ini, hampir 14,000 premis makanan telah menerima Pengiktirafan Bersih dan Selamat (BeSS), iaitu peningkatan sebanyak 24.9 peratus berbanding tahun sebelumnya," katanya.

Beliau berkata demikian ketika merasmikan Ekspo Makanan Selamat (eMAS) sempena Sambutan Hari Keselamatan Makanan Sedunia Peringkat Kebangsaan 2025 di sini pada Sabtu.

Pada majlis itu, Dr Dzulkefly turut melancarkan Modul Pengajaran Latihan Pengendali Makanan Khas bagi Pengendali Makanan Kategori Orang Kurang Upaya (OKU).

Tambahnya, modul berkenaan mampu memberi impak besar kepada golongan OKU di negara ini.

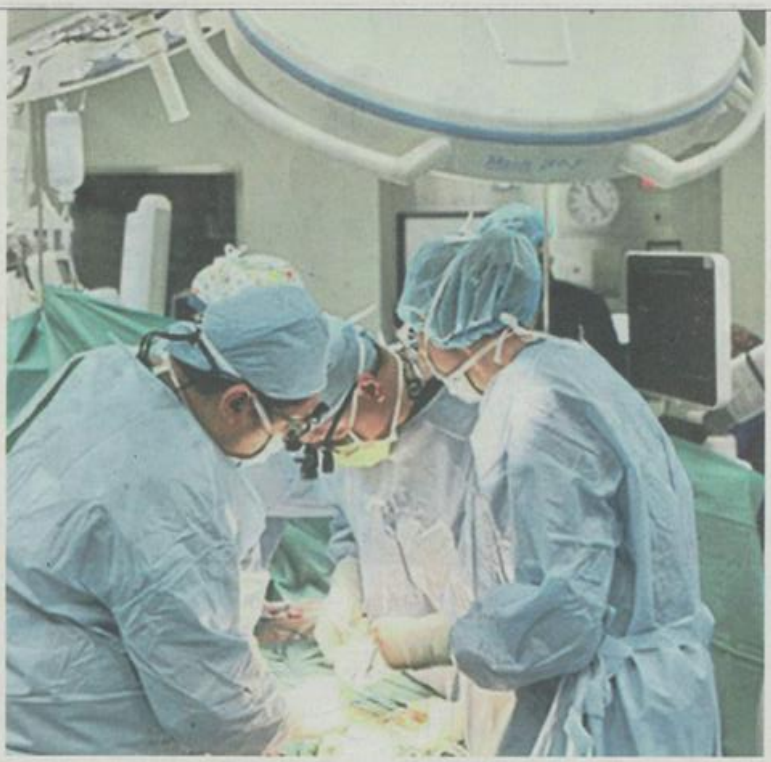
"Kerjasama pelbagai pihak adalah kunci kejayaan. Justeru, saya ingin merakamkan penghargaan kepada semua rakan strategik KKM," katanya.

AKHBAR : THE STAR
MUKA SURAT : 14
RUANGAN : FOCUS

The DRG strategy

Is the Diagnosis-Related Group solution a silver bullet for the country's rising medical costs or just one piece of the puzzle?

Comment by KULJIT SINGH



No hidden costs: By standardising treatment costs based on diagnosis, patients will be able to know in advance the expected cost of care, helping them avoid the shock of an unexpected medical bill upon discharge. — Others

AS Malaysians grapple with rising healthcare costs and increasing insurance premiums, the government is exploring a new payment model aimed at curbing medical inflation, which is scheduled to be rolled out within the next few years. While the Diagnosis-Related Group (DRG) system is being promoted as a potential solution to control escalating costs, its effectiveness in addressing the root causes of medical cost inflation remains uncertain. At the same time, many patients are still unclear about what DRG is, and how it might actually benefit them.

In simple terms, the DRG system categorises hospital patients into groups based on diagnoses, procedures, and expected length of stay. Rather than paying hospitals for every service provided, which is also known as the traditional "fee-for-service model", DRG assigns a fixed payment rate per patient group. This means that hospitals are reimbursed based on the type of care they provide the patient, not the volume of services rendered.

The aim of this is to improve efficiency, achieve standardisation, and ultimately, achieve the main goal, which is to de-escalate rising medical costs.

The DRG as envisioned by the government is a way to make healthcare more transparent, predictable, and fair for Malaysians. By standardising treatment costs based on diagnoses, patients will be able to know in advance the expected cost of care, helping them avoid the shock of an unexpected medical bill upon discharge.

DRG is also a way to provide comparable pricing for similar treatments across different facilities, making it less likely for patients to be overcharged for the same procedure.

Furthermore, by shifting away from a fee-for-service model, DRG encourages hospitals to provide care that is appropriate rather than excessive. It is hoped that this will bring down the incidences of unnecessary tests or admissions.

As the DRG system brings consistency to healthcare pricing, patients may also benefit from improved insurance products with more predictable reimbursement structures. In short, the DRG system is intended to address medical costs in a way that directly benefits patients.

For a national-level DRG to be set up, hospitals must code each patient case, typically after the patient is discharged, using standardised systems. This coding will form the basis of billing and benchmarking. In Malaysia, the DRG system has already been in use.

Teaching hospitals such as Universiti Kebangsaan Malaysia Medical Centre (HUKM) and Universiti Malaya Medical Centre (PPUM) have already implemented the DRG system to improve operational efficiency. In fact, HUKM has been using the DRG system for about 20 years to date, and PPUM, for three.

The Health Ministry has also worked with DRG frameworks for the past 10 to 12 years. However, full-scale national implementation remains a work in progress.

For the DRG system to function effectively at a national level, several prerequisites must be met.

The Medicine Price Display Gazette under the Price Control and Anti-Profiteering (Price Marking for Drug) Order 2025 was enforced on May 1. — AZMAN GHANI/The Star

Firstly, a Malaysian DRG grouper, which is a system that classifies and assigns DRG codes, needs to be developed using comprehensive data from both public and private hospitals. Without a unified dataset, it is impossible to benchmark charges, track outcomes, and identify inefficiencies accurately. In various engagements with the Health Ministry and Finance Ministry, private hospitals have expressed eagerness to contribute data, and are waiting for a further response from the government.

Equally important to the success of a national-level DRG system is accurate coding. If coding is incomplete or inaccurate, the system will fail to reflect actual performance, leading to unfair reimbursement and inefficiencies.

This calls for enhanced training of medical officers and coders, which takes time and investment. After all, more important than having a DRG system in place is for it to be efficient.

But is DRG the silver bullet to reduce healthcare costs?

What is the DRG?

The Diagnosis-Related Group system categorises hospital patients into groups based on diagnoses, procedures, and expected length of stay. It assigns a fixed payment rate per patient group. Patients pay standardised rates based on type of care provided, not for volume of services rendered.

Comprehensive toolkit vital

This topic was a central theme across several panel discussions at the APHM (Association of Private Hospitals of Malaysia) Conference and Exhibition 2025, which was held from June 9 to 11.

Many of the experts speaking at the conference, from academicians to public health specialists and DRG experts, agreed that while the DRG system can benefit patients by providing greater transparency and predictability in billing, the system is not a standalone solution. Instead, coordinated effort across multiple fronts is required, rather than relying on any single solution.

One important strategy to control healthcare costs is price transparency, which countries like France, Japan, Singapore, and the United States have employed in addressing cost inflation, not only in the healthcare sector but across various industries. This approach allows patients and payers to compare prices and make more informed choices, especially when purchasing medicines.

In Malaysia, the recent enforcement of the Medicine Price Display Gazette under the Price Control and Anti-Profiteering (Price Marking for Drug) Order 2025, effective from May 1 this year, has been adopted by private hospitals. In addition to medicine price display, more public education on the use of generic medicines by doctors and pharmacists is still needed to ensure price transparency measures truly help bring down healthcare costs.

Another key approach is value-based care, which moves away from the quantity of services provided to patients to the actual health outcomes achieved.

In addition, strategic purchasing, such as bulk buying of medicines and pooled procurement, helps reduce costs by eliminating inefficiencies. Private hospitals in Malaysia have long practised bulk buying and pooled procurement, and further efforts are being made to remove middlemen from the procurement process altogether.

Social health insurance plays a critical role in protecting vulnerable groups through better risk pooling. In Malaysia, the Health Ministry recently announced the Medical and Health Insurance/Takaful Basic Product, which aims to ensure that all Malaysians, regardless of socioeconomic background, have access to health insurance.

Broader system-wide reforms are essential as well. These include strengthening primary care (by making family doctor services stronger and more available), expanding digital health services (by using technology like health apps more often), and improving health literacy (by helping people better understand health information) to empower patients.

Finally, incentives for preventive care, such as bonuses when insurance policyholders do not make any claims, and co-payment structures, should be encouraged. These incentives reward responsible insurance subscribers and help build funds when individuals are younger, so that their coverage is maintained in their older years. It is important to consider that beyond government and hospital efforts, patients themselves must also use healthcare responsibly to help contain costs over the long term. Together, these strategies will create a more robust and sustainable healthcare system that balances cost control with quality care.

Ultimately, the success of the DRG system in Malaysia will depend on how well it is designed, implemented, and supported. Coding accuracy, quality data, and professional training are critical. If implemented poorly, the DRG system risks becoming just another bureaucratic layer, but if done right, it could be a vital lever in Malaysia's healthcare reform toolkit.

It is important to remember that the DRG system is not a standalone solution. Rather, it should be part of a comprehensive toolkit of strategies to manage rising healthcare costs holistically. As Malaysia considers scaling the DRG system nationwide, policymakers must keep in mind that building a fair, efficient, and patient-centred healthcare system requires a combination of approaches. There is no single silver bullet.

Datuk Dr Kuljit Singh is president of the Association of Private Hospitals Malaysia (APHM) and Independent Director of the Malaysia Healthcare Travel Council (MHTC) Board. The views expressed here are solely the writer's own.