

iCare under way

... but without controversial 'social insurance pool' element

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PETALING JAYA: The controversial iCare healthcare system is already being implemented - albeit without the heavy cost chargeable directly to the people, as originally feared.

Health Ministry deputy director-general Datuk Dr Noor Hisham Abdullah told *theSun* that three elements of iCare have been imple-

mented since 2008:

- ▶ **decongestion** of public hospitals;
- ▶ **performance-based** service; and,
- ▶ **strengthening** primary healthcare.

"When people talked about iCare, all they talked about was national healthcare financing, but iCare is really about improving public healthcare delivery and transforming the current healthcare system.

"We want to decongest the public hospitals and raise the quality of service so that rich or

poor, people would have access to quality healthcare. What's so wrong about that?" he asked.

Noor Hisham was responding to a query from *theSun* regarding a recent TalentCorp outreach programme in Melbourne, where he was reported to have referred to the iCare system, as an example of Malaysian healthcare moving forward.

The iCare system was mooted to integrate public and private healthcare services and narrow the disparity between the rich and the poor in terms of access to medical treatment.

One particular element proposed, which had drawn much criticism, was the idea of a "social insurance pool" to finance healthcare for everyone.

Some quarters had claimed deductions of up to 10% of one's salary would have to be made to the pool, while visits to the doctor would be limited to six times a year.

Critics had also claimed earlier this year that the social insurance pool, which was ready to be implemented, would burden the people.

The ministry, however, had refuted such claims and repeatedly stressed that the financing aspect was still in the discussion stage.

Noor Hisham said the ministry has been look-

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No firm decisions

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-ing at different models to find one which best suits the country.

"There are so many different healthcare models in the world, but there is no perfect system," he said.

"The Singapore model is based on a taxation pool but in Malaysia there is only a little over a million taxpayers out of our 28 million population, so it is definitely not enough."

Noor Hisham said the ministry has not made any concrete decisions on the mode of financing the system.

"We have only hired consultants to determine how much premium is to be paid, if at all, and what procedures and treatment it will cover," he said.

However, he stressed that how the system is to be financed is not the main factor, as the priority is to transform public sector performance.

Noor Hisham said whether or not the system is called iCare and even without employing the "controversial" scheme to finance it, the essence of the reforms will continue to be implemented.

"Let's not even talk about iCare, let's talk about strengthening the healthcare system first," he said, adding that the ministry's efforts are merely aimed at transforming healthcare services in the country.

The ongoing reforms involve:

- ▶ **moving** congestion of medical treatment away from hospitals and into community-based health services;
- ▶ **introducing** key performance indicators (KPIs) for medical staff; and
- ▶ **integrating** public and private healthcare sectors to become part of a holistic approach to healthcare.

"The problem is the fear that people have as to the implementation, but since it is still in the concept stage, why kill the concept?" he asked.

"The devil is in the details, but nobody has the details," he added.