AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

The Star m/s 7 Nation 10/6/2025 (Selasa)

Value-based healthcare

Basic insurance first step in launch of new payment scheme

By TARRENCE TAN
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KUALA LUMPUR: The introduction of basic medical and health insurance/takaful (MHIT) products will mark the first step in the implementation of the diagnosis-related group (DRG) payment model, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said MHIT products would steer private healthcare towards a value-based healthcare model with fairer rules for those with pre-existing conditions.

"Introducing DRGs to pay for healthcare services in phases, beginning with this base MHIT product, will be a key driver for value-based healthcare.

"DRGs incentivise efficiency and we expect this will drive innovations in ambulatory and day case surgery, and expand the use of health technologies, which will demonstrate strong cost effectiveness in improving health outcomes while reducing costs," said Dzulkefly.

He added that the Health Ministry is working with the Finance Ministry, Bank Negara and the Employees Provident Fund (EPF) to transform private health insurance and takafuls by developing a base MHIT product.

Speaking during the launch of the Association of Private Hospitals Malaysia's (APHM) International Healthcare Conference and Exhibition 2025, he said the Health Ministry has made healthcare financing reform and digitalisation of healthcare services its priority.

"We are also exploring a more diversified health financing ecosystem that combines tax-based allocations, social contributions, employer-based schemes and targeted subsidies, all under a progressive and equitable framework," he added.

Speaking to reporters after the launch, Dzulkefly said the Health Ministry is hoping to introduce the DRG payment model by the end of the year.

Medical advances: Dzulkefly (third from right) attending the APHM International Healthcare Conference and Exhibition at the Kuala Lumpur Convention Centre. — YAP CHEE HONG/The Star

He said the proposed DRG scheme can start with a simple mechanism in its initial stage.

"Start simple first and after the momentum is developed, go for a complex one," he added.

He also said that Malaysia, especially the APHM and Finance Ministry, have experience in implementing the DRG model.

DRG is a payment system that involves paying an amount predetermined by the DRG, instead of paying for each service received.

Other countries that have implemented this system include Sweden, Canada and Australia.

Dzulkefly was responding to news reports claiming that the government's plans to introduce the DRG system at private hospitals are being put on hold.

Commenting on a separate issue, he said the review of consultation fees for private general practitioners (GPs) has been raised to an executive task force chaired by Deputy Prime Minister Datuk Seri Dr Ahmad Zahid Hamidi.

Dzulkefly said that after a meeting between the Health Ministry and the National Action Council on Cost of Living (Naccol), it was decided that this issue should be raised to the task force led by Ahmad Zahid. Dzulkefly added that there are no deadlines for finalising the review of consultation fees for private GPs.

"No, but we will tackle this issue at the soonest time possible.

"The Deputy Prime Minister, who chairs the executive task force, will look into the final touches of this," said Dr Dzulkefly.

On May 3, he had said the review of consultation fees for private GPs would be finalised within a month.

Yesterday, the Medical Practitioners Coalition Association of Malaysia (MPCAM) had proposed raising private GP fees to a minimum of RM50 and a maximum of RM80.

MPCAM had said GP consultation fees have stagnated between RM10 and RM35 for more than three decades since 1992.

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

Long, winding road towards DRG payment model rollout

KUALA LUMPUR: A proper rollout of the diagnosis-related group (DRG) payment model could take more than six months, given the complexities in data gathering and analysis, said Association of Private Hospitals Malaysia (APHM) president Datuk Dr Kuljit Singh.

He said that for any DRG or any DRG-type mechanism to work, accurate clinical data and a national electronic health record system are needed.

Presently, this foundational data is not yet available, which presents significant challenges for timely and effective DRG implementation, he added.

"As the process of gathering and analysing such data is complex and time-consuming, APHM anticipates that a proper rollout will require considerably more than six months," said Dr Kuljit.

He also said the APHM is heartened to hear Health Minister Datuk Seri Dr Dzulkefly Ahmad's announcement at the APHM International Healthcare Conference and Exhibition 2025 that a basic medical and health insurance/takaful (MHIT) product will be introduced later this year, while the DRG will be rolled out in phases.

To support this national initiative, Dr Kuljit said APHM member hospitals have offered to share relevant clinical data required for the set-up of a DRG system with the Health Ministry and the Finance Ministry.

"APHM strongly advocates that adequate time and resources be allocated to ensure that the DRG initiative is thoroughly conceptualised, piloted and implemented to ultimately deliver sustainable improvements for all Malaysians," added Dr Kuljit.

Earlier, Dzulkefly said introducing DRGs to pay for healthcare services, in phases, beginning with MHIT products, will be a key driver for value-based healthcare.

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

The Star m/s 7 Nation 10/6/2025 (selasa)

'DRG grouper that can be used by all hospitals needed'

By RAGANANTHINI VETHASALAM
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PETALING JAYA: The Health Ministry should develop a national grouper on diagnosis-related groups (DRG) that will work for all hospitals.

DRG groupers are used to categorise patients into DRGs, which are groups of cases with similar diagnoses, procedures and other characteristics.

Prof Dr Maznah Dahlui, a health economist at Universiti Malaya and chairperson of the technical advisory committee for the DRG under the Health Ministry, said currently, there are different groupers based on hospital type.

"The ministry needs to come up with a DRG grouper that can be used by all types of hospitals. Currently, public hospitals use the grouper that they developed and teaching hospitals use the grouper developed by Universiti Kebangsaan Malaysia, while some private hospitals adopt (the model) from Australia," she said when contacted.

The main purpose of the DRG grouper is to assign DRGs, which are then used to determine payment for the hospital stay under the inpatient prospective payment system (IPPS).

Prof Maznah said DRGs work as a costing model to improve hospital efficiency and as a payment model, but may not necessarily be applied for health insurance reimbursement.

"At the end of June, representatives from hospitals will have a workshop to discuss the development of the national grouper.

"Most likely, we will adopt the available grouper in public hospitals but modify it to consider patient characteristics (diagnosis and procedure) in private hospitals. So it's still under discussion," she said.

"There is another group under the Health Ministry that looks at developing the health benefits package and the healthcare payment model for Malaysia, in preparation towards National Health Insurance (NHI). So, DRG is only part of and not necessarily only for NHI," she said.

The DRG, she added, is the bundling of treatment costs, which is equivalent to treating a certain DRG.

"We want to standardise how we group the patients for diagnosis plus procedure. It gives transparency of treatment cost," she said.

Dr Khor Swee Kheng, health systems specialist and CEO of Angsana Health, said implementation of DRG could take up to a decade if done in phases.

"Any DRG implementation should take five to 10 years, and it happens in phases. This has been the experience in other countries that have launched their DRGs, which started in 1983 in the United States," he said.

Dr Ginsky Chan, co-founder and access director at Angsana Health, said the phased introduction of DRGs, starting with minor illnesses, is a positive move towards value-based healthcare.

"Implementing it by the end of 2025 is ambitious but feasible with strong coordination.

"While it does not require a national insurance system immediately, it does highlight the need for integrated financing across the public and private sectors. A phased, collaborative approach will be key to its success," he said.

The DRG-based model has been implemented in a number of countries, including Indonesia and South Korea.

However, there appears to be some resistance in the private sector towards its implementation.

IHH Healthcare Bhd said last month that the payment model is not suitable to be implemented in local private hospitals, and feels that further studies are needed before considering its adoption.

Its group chief executive officer, Dr Prem Kumar Nair, said DRGs are very difficult to implement in private hospitals, adding that it was originally designed to fund public healthcare through a single-payer model.

Under the framework, inpatient cases are grouped into categories based on clinical similarity and expected resource use, allowing payers to reimburse hospitals with a fixed rate per case rather than through itemised billing.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 7
RUANGAN : NATION

STAGNANT PRIVATE GP FEES NST m/s 7 Nation 10/6/2025 (Selasa)

'COMMITTEE TO REVIEW FINDINGS'

Recommendations will be refined before they are presented to cabinet for final decision, says Dzulkefly

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Health Minister Datuk Seri Dr Dzulkefly Ahmad (second from right) visiting an exhibition booth after launching the 31st Association of Private Hospitals Malaysia International Healthcare Conference and Exhibition in Kuala Lumpur yesterday. NSTP PIC BY NABILA ADLINA AZAHARI

A HIGH-LEVEL committee chaired by Deputy Prime Minister Datuk Seri Dr Ahmad Zahid Hamidi will review the Health Ministry's findings on the long-standing issue of stagnant consultation fees for private general practitioners (GPs).

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the committee would refine the ministry's recommendations before they were presented to the government for a final decision.

"No date has been set yet."

However, he gave his assurance that the matter would be tabled "in the near future".

He said the decision to address the issue followed discussions between the Health Ministry and the National Action Council on Cost of Living.

On May 3, Dzulkefly announced that the review of private GP consultation fees was expected to be finalised in a month.

He had said cabinet approval was the final step required before amendments could be implemented.

GP consultation fees are regulated under the 7th Schedule of the Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics) Regulations 2006, under the Healthcare Facilities and Services Act 1998.

On April 8, Dzulkefly said the ministry was awaiting a decision from the Finance Ministry on the proposed revision.

He had earlier confirmed that the fees had not been revised for nearly two decades.

On another matter, Dzulkefly said Malaysia's per capita health expenditure nearly tripled between 2000 and 2020.

He said the figure surged from RM600 in 2000 to RM1,600 in 2020, driven by rising demand for healthcare and advances in medical technology.

"Private sources accounted for RM40 billion, or 47 per cent, of total health expenditure in 2024.

"Out-of-pocket spending remains high, at 36 per cent of the total health expenditure.

"Our vision is to sustainably expand fiscal space while ensuring healthcare remains accessible, high quality and equitable," he said at the launch of the 31st Association of Private Hospitals Malaysia (APHM) International Healthcare Conference and Exhibition.

Dzulkefly said the Health Ministry was working with the Finance Ministry, Bank Negara Malaysia and the Employees Provident Fund to develop a health insurance and takaful product.

This product will support the rollout of the new Diagnosis-Related Groups (DRG) system, which aims to transform the way healthcare services are paid for.

He dismissed speculation of a delay in the DRG implementation, adding that the initiative remained on track to be introduced in phases by the end of this year, starting with the "Rakan KKM" project.

"This is not privatisation. It is publicly owned and developed for public benefit, offering optional value-added services in the Health Ministry's hospitals.

"We are already seeing proof-of-concept through the Hospital Service Outsourcing Programme, which applies bundled payment principles.

"For example, waiting times for arteriovenous fistula creation for haemodialysis patients have been reduced by over 75 per cent."

Turnaround times for magnetic resonance imaging and angiography (MRI/MRA) services had also improved by more than 20 per cent, said Dzulkefly, adding that these value-based models demonstrated that system efficiency and clinical outcomes could be enhanced.

APHM president Datuk Dr Kuljit Singh said the lack of a national electronic health record system was a critical gap in the DRG implementation process.

"The absence of such a system makes DRG implementation more complex."

Nevertheless, he expressed appreciation for the ministry's commitment to collaboration and its data-driven, evidence-based approach to the DRG rollout.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 7
RUANGAN : NATION

U.S. VAPE COMPANY'S JOHOR PLANT NST m/s 7 Nation 10/6/2025 (selasa)

Govt to decide soon on cannabis hardware manufacturing

KUALA LUMPUR: The government is expected to reach a collective decision soon on whether cannabis-related hardware can be manufactured in Malaysia.

This comes after United States-based vape company Ispire Technology announced in its quarterly report that it has the capacity to produce such hardware at its Johor factory.

"I will address this matter later and then present it to the cabinet.

"From there, we will get a consensus on the matter," said Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said the matter fell under the jurisdiction of various ministries, including the Investment, Trade and Industry Ministry and Domestic Trade and Cost of Living Ministry, as well as the Malaysian Investment Development Authority.

Previously, it was reported that the Nasdaq-listed company expressed belief that the US tariff differential between China and Malaysia served as a short- and long-term competitive advantage for its cannabis hardware business.

Ispire reportedly purchases the majority of its "nicotine and cannabis vaping products" from a Shenzen-based company called Shenzhen Yi Jia.

AKHBAR : BERITA HARIAN
MUKA SURAT : 3
RUANGAN : NASIONAL

BH m/s 3 Nasional 10/6/2025 (Selasa)

Dr Dzulkefly (empat kiri) pada majlis pelancaran Persidangan dan Pameran Penjagaan Kesihatan Antarabangsa ke-31 di Pusat Konvensyen Kuala Lumpur, semalam. (Foto Nabila Adlina Azahari/BH)

Pelancongan perubatan jana hampir RM4b dalam 2 tahun

Lebih 2.5 juta pesakit asing dapat rawatan di hospital tempatan

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Kuala Lumpur: Malaysia menjana hasil sebanyak hampir RM4 bilion daripada pelancongan perubatan sepanjang dua tahun lalu.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata jumlah itu hasil daripada lebih 2.5 juta pesakit asing yang mendapatkan rawatan di hospital tempatan.

"Kita diiktiraf sebagai satu daripada 10 destinasi terbaik dunia untuk pelancongan perubatan," katanya ketika berucap pada pelancaran Persidangan dan Pameran Penjagaan Kesihatan Antarabangsa Persatuan Hospital Swasta Malaysia (APHM) ke-31 tahun 2025, semalam.

Perluas peranan

Dr Dzulkefly berkata, penyedia perkhidmatan swasta perlu memperluas peranan mereka dalam saringan awal, promosi kesihatan dan pengurusan penyakit kronik.

"Kita perlu membina model penjagaan baharu yang bukan saja memberi khidmat kepada pesakit antarabangsa, tetapi juga kepada rakyat Malaysia yang kurang berkemampuan dan kurang dilindungi insurans yang juga berhak mendapat akses kepada rawatan yang cepat dan mampu milik," katanya.

Bulan lalu, firma perunding kekayaan yang berpangkalan di Dubai, Nomad Capitalist, meletakkan Malaysia sebagai destinasi utama untuk pelancongan perubatan.

Sebelum ini dilaporkan bahawa Pulau Pinang merekodkan 45 peratus daripada hasil pelancongan perubatan di Malaysia tahun lalu.

& Fadilat

ullah SAW bersabda: "Sesungguhnya n malaikat sebagai petugas yang k mengumpulkan selawat yang sampaikan padaku." (HR Nasai)

AKHBAR : BERITA HARIAN
MUKA SURAT : 21
RUANGAN : NASIONAL

BH m/s 21 Nasional 10/6/2025 (Selasa)

Kes COVID-19 di Melaka melonjak lebih 20 peratus

Ayer Keroh: Kes COVID-19 di Melaka melonjak lebih 20 peratus apabila sebanyak 93 kes baharu direkodkan pada Minggu Epid 23 (ME 23) iaitu pada 1 hingga 7 Jun lalu.

EXCO Kesihatan, Sumber Manusia dan Perpaduan negeri, Datuk Ngwe Hee Sem, berkata jumlah itu meningkat berbanding 77 kes pada minggu sebelumnya.

Beliau berkata, keadaan itu sekali gus menjadikan jumlah keseluruhan individu disahkan positif COVID-19 di Melaka turut meningkat kepada 164,821 kes setakat ini.

"Bagaimanapun tiada kes kematian serta individu yang dirawat di Unit Rawatan Rapi (ICU), malah sehingga Sabtu lalu juga tiada kluster aktif dalam dan luar Melaka direkodkan," katanya dalam kenyataan semalam.

Hee Sem berkata, setakat ME 23, keseluruhan kes COVID-19 yang dikategorikan sebagai *Variant of Concern* (VOC) dan *Variant of Interest* (VOI) dipantau di negeri ini adalah sebanyak 1,545 kes.

Ia membabitkan tujuh kes VOC Beta, 144 kes VOC Delta, 1,276 kes VOC Omicron dan 79 kes VOI.

"Jabatan Kesihatan Negeri akan terus memantau perkembangan penularan wabak berkenaan dan pelaksanaan langkah pencegahan dan kawalan COVID-19 akan dijalankan secara berterusan dengan bantuan serta kerjasama pelbagai agensi," katanya.

> Bagaimanapun tiada kes kematian serta individu yang dirawat di Unit Rawatan Rapi (ICU), malah sehingga Sabtu lalu juga tiada kluster aktif dalam dan luar Melaka direkodkan

Ngwe Hee Sem,
EXCO Kesihatan, Perpaduan dan Sumber Manusia negeri

AKHBAR : SINAR HARIAN
MUKA SURAT : 25
RUANGAN : NASIONAL

Sinar Harian m/s 25 10/6/2025 (Selasa)

Klinik Kesihatan Kampung Mela bakal terima ambulans baharu

KUANTAN – Penduduk Kampung Cheka, Lipis, kini mampu menarik nafas lega apabila sebuah ambulans baharu bakal ditempatkan di Klinik Kesihatan (KK) Kampung Mela.

Jabatan Kesihatan Negeri Pahang (JKNP) dalam satu kenyataan memaklumkan, pihaknya sentiasa prihatin terhadap keperluan perkhidmatan kesihatan di luar bandar khususnya penduduk di Kampung Cheka.

"JKNP mengambil tindakan segera dengan mengemukakan permohonan kepada Kementerian Kesihatan Malaysia (KKM) bagi mendapatkan peruntukan kenderaan ambulans tambahan berserta penempatan pemandu.

"Hasil permohonan ini, KK Mela dimasukkan dalam senarai perolehan ambulans Fasa 1 dan dijangka diterima pada penghujung tahun ini," katanya pada Isnin.

Menurut kenyataan itu, JKNP sebelum ini menempatkan ambulans di KK Mela sejak 2005, namun terpaksa dilupuskan pada 2022 akibat faktor usia dan kerosakan.

JKNP turut mengakui penduduk Kampung Cheka berdepan cabaran jarak dan logistik kecemasan termasuk ambulans terutama ketika kes kecemasan dan pemindahan pesakit ke hospital.

"JKNP menjalin kerjasama rentas agensi bersama Jabatan Bomba dan Penyelamat Malaysia (JBPM), Angkatan Pertahanan Awam Malaysia (APM) dan Hospital Lipis bagi memastikan bantuan kecemasan sementara dapat diselaraskan.

"Pejabat Kesihatan Daerah (PKD) Lipis juga menjalankan penilaian risiko bagi mengenal pasti keperluan ambulans termasuk pemetaan liputan dan masa respons ambulans sedia ada.

"JKNP kini menilai kesesuaian lokasi strategik untuk meletakkan ambulans supaya lebih dekat dan bersedia ketika waktu kritikal," katanya.

Dalam pada itu, JKNP mengakui sentiasa komited memastikan perkhidmatan kesihatan adil, menyeluruh dan mudah diakses seluruh masyarakat termasuk komuniti di luar bandar dan pedalaman.

"Kami memahami keperluan penduduk terhadap respons kecemasan pantas dan selamat serta segala usaha sedang digembleng bagi memperkukuh sistem sokongan ini," katanya.

Penduduk Kampung Cheka bakal memperoleh perkhidmatan ambulans baharu selewat-lewatnya hujung tahun ini. *-Gambar hiasan*

AKHBAR : KOSMO
MUKA SURAT : 8
RUANGAN : NEGARA

Kosmo m/s 8 Negara 10/6/2025 (Selasa)

Kes Covid-19 meningkat di Melaka

MELAKA – Kes jangkitan Covid-19 di Melaka meningkat lebih 20 peratus dengan 93 kes baharu didaftarkan pada Minggu Epid 23 (ME 23) iaitu dari 1 hingga 7 Jun lalu.

Pengerusi Jawatankuasa Kesihatan, Sumber Manusia dan Perpaduan negeri, Datuk Ngwe Hee Sem berkata, jumlah itu menunjukkan peningkatan berbanding minggu sebelumnya dengan hanya 77 kes didaftarkan.

"Kita merekodkan peningkatan sebanyak 20.8 peratus pada Minggu Epid 23 ini apabila sebanyak 93 kes baharu didaftarkan.

"Jumlah itu menjadikan jumlah keseluruhan individu disahkan positif Covid-19 di negeri ini adalah seramai 164,821," katanya kepada pemberita di sini semalam.

Tambahnya, keseluruhan kes Covid-19 yang dikategorikan sebagai Variant of Concern (VOC) dan Variant of Interest (VOI) dipantau di negeri ini adalah sebanyak 1,545 kes.

Mengulas lanjut beliau bagaimanapun berkata, setakat Sabtu lalu tiada kes kematian, mahupun pesakit yang sedang dirawat di Unit Rawatan Rapi (ICU) di rekodkan.

HEE SEM

"Kes kematian kekal sebanyak 1,228 kes. Setakat 7 Jun 2025, tiada kluster aktif di negeri ini dan tiada kluster dari luar Melaka.

"Jabatan Kesihatan Negeri negeri akan terus memantau perkembangan penyakit berjangkit di Melaka, pelaksanaan pencegahan serta kawalan Covid-19 akan dijalankan secara berterusan," ujarnya.