

HEALTHCARE NOW AND BEYOND THE PANDEMIC

Revisiting my editorial which I wrote before the pandemic one year ago in October 2019.

The topic then was "Healthcare at a crossroad." My thoughts were then on getting to the root issues in healthcare as managing healthcare was getting unsustainable. At the same time, we continue to witness significant improvements in health technology and research progressively. The question is going back to the basics. That is on providing primary healthcare that ALL of us deserve. While we grapple with the coronavirus pandemic, let us take this opportunity to positively refresh and reexamine how to address the core issues in healthcare. We should reset our expectations and start to address the inequalities in healthcare.

I republish my editorial again as it is much more relevant and significant NOW as we strive to wither the onslaught of COVID19 pandemic.

Health for ALL. According to WHO, it means that health is to be brought within reach of everyone in a given country. And by "health" It means a personal state of well-being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life.

The "Healthy People 2020" a framework adopted in 2013 by 53 countries of the European Region outlines its broad vision as follows:

- Attain high-quality, longer lives free of preventable disease, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.

It is an excellent policy summary of the framework to position health in the next generation. It crystallizes the role of health which is a fundamental right for all and not a privilege for a few.

But nations are struggling with their allocations, hoping the funds they devote to health care can keep up with a rapidly aging population and the escalating medical costs.

Significant challenge healthcare faces today is not just innovating for the future but containing the pandemics, the infectious diseases some eradicated decades back but now reemerging, and the noncommunicable diseases. This is more pronounced in the developing and under-developed countries.



GET IN TOUCH WITH INFOMED! Have something to share with us? Write in at enquiry@infomed.com.my



Is free healthcare or universal health coverage becoming more difficult?

Who is ultimately in charge of his or her healthcare?

Can the government be solely responsible for ensuring the healthcare of its citizens?

What is the responsibility of the individual for their healthcare?

We can continue asking these questions, but how do we address them?

Take, for example, Malaysia, which still does not have a universal health financing scheme in place. But we have almost free public healthcare. Majority of the Malaysian crowd are overstressing public health services as the cost of private healthcare continues to escalate. More than 80 percent of the patients seeking private healthcare are insured or have a corporate plan. As the cost of healthcare increases, the corporates have to allocate higher budgets for their employees' healthcare benefits which are directly proportionate with the increasing health insurance premiums.

Do we have a solution on the horizon? Yes, but we need to disrupt healthcare big time.

Address the escalating cost issue, from the source, i.e. the high burden of the noncommunicable diseases (NCDs) which takes up a significant portion of the healthcare costs. We need to intensify efforts to combat NCDs. The WHO global statistics show that the population in the less affluent countries have twice the risk of developing diabetes and

cardiovascular diseases as compared to those in the wealthiest countries.

Then we have the newest and greatest challenge, the escalating aging population. Allocating more funds will never be enough if we do not address the root cause of these issues.

How? Short and long-term strategies need to be structured from now as follows:

- Education – introduce a healthcare curriculum in schools from a young age.
- Empower the individuals by having a centralized accessible, comprehensive, up to date personal health record available for all people and care providers.
- Use artificial intelligence (AI) capabilities to address various diseases with the approach centered around (on) data generation and using AI for disease detection and disease and lifestyle management.
- Preventive care and wellness should be the guiding path, to drive down costs keeping the population healthier and seek treatment early.
- Focus on primary care as the driver for the population health program. Make primary care clinics as the hub for managing the non-communicable diseases and providing preventive care programs.
- Implement seamless telemedicine connectivity with the hospitals to contain the current congestions at the hospitals.
- Transform GP practices to Family Medicine Practices, as specialists primary care centres.
- Overall healthcare should be the responsibility of the whole society and the government, a people-government partnership in policymaking and managing it.

Ministry of Health Malaysia has the resources to implement the population health model geared towards achieving a healthier population that would take charge of their health. Piloting a model for refinement and implementation nationwide should be a priority. This is where the public-private partnership can be fully implemented with the utilization of the more than 7,000 GP practices nationwide. New Zealand has succeeded in developing and implementing such a model where most primary health care services are provided by GPs and nurses working within general practice. The government provides a higher subsidy for patients with high health needs so that the practice can spend more time on developing plans to manage patients' health conditions better. Health promotion is an essential aspect of primary healthcare and contributes to a population health approach.

As Health 2020 European health policy framework for all makes it crispy clear, **“Good health is an asset and a source of economic and social stability.** It is the key to reducing poverty, and both contributes to and benefits from sustainable development. Most important, good health can no longer be seen as an outcome of one sector alone: sustainable and equitable improvements in health are the product of effective policy across all parts of government and collaborative efforts across all parts of society.”

InfoMed digital edition of the magazine is also published on Magzter. Read it at <http://www.magzter.com/search/infomed>.

MOHAN MANTHIRY