

CHAPTER V

SUMMARY AND CONCLUSION

This chapter summarised the results from the survey of the MAS panel of clinics, the feedback from the staff of MAS and the health benefits of other Malaysian companies.

Panel of Clinics

The clinics surveyed generally catered to a mixed clientele of self-paying and corporate patients of various age groups. The survey demonstrated that some of the doctors worked long hours. Almost a quarter (21.6%) operated 24 hours daily while almost a third (32.4%) did so for 8 to 14 hours daily. The remainder worked 8 to 14 hours daily with one rest day per week.

The survey also revealed that most clinics' supporting staff did not have adequate professional training. Only 27% of the clinics had employed qualified nurses.

While diagnostic equipment seemed to be sufficient, most clinics were not adequately equipped with emergency resuscitation facilities. This may be due to the high cost of purchasing such equipment and of training the clinic staff to use them.

More than half of the clinics did not think that HMO was practical. Only one clinic was willing to have capitation instead of fee-for-service. Hence any move to substitute capitation with fee-for-service would likely be met with resistance from the doctors.

More doctors should spend time on health promotion. Less than half (48%) of the staff had undergone training in occupational health. Measures should be taken to encourage doctors to undergo training in occupational health.

The survey showed that there was good relationship between the panels of doctor and the Company. To enhance this relationship, annual meetings with the doctors should be organised. Most of the clinics had computers, fax machine and the internet. These could serve as communication network linkages with other clinics.

MAS Staff

Both the office staff and the cabin crew were generally healthy. Only about a quarter of them reported that they were not healthy at least some of the time. About half of them were not happy with their job at least some of the time. This perception of happiness with the job was correlated with the grade of the staff. Managers were most satisfied while the graded staff were least satisfied. Further research should be done to investigate the reasons for this.

More than 90% of the respondents consulted a doctor each at least once in the past 12 months. Only slightly more than a quarter of the office group consulted their doctors on wellness. The cabin crew, however, seemed more concerned on wellness as almost half of them did so. A reason could be that until a few years ago, cabin crew were given annual medical examination. Although this practice was terminated, the awareness for this continued. Another reason could be a result of their training. During their training, the cabin crew were instructed on personal health care and specifically on first aid, care of the back, AIDS and sexually transmitted diseases.

Among the office staff, managers were most likely to consult their doctors on wellness while the executives were the least likely to do so. A possible reason could be that most of the managers were older in age than the executives. Another reason could be that the former get better medical benefits.

Most staff would nominate one clinic as their medical care provider. At least a quarter of each group would change clinic if they did not get better rather than consult the same clinic for follow-up. However, those who did shift work were more likely to visit the same clinic for follow-up compared to the non-shift workers. A possible reason could be that the staff on shift duties could only seek treatment from 24 hours clinics due to the nature of their work. As there were not many of such 24 hours clinics, they were therefore less likely to change clinics.

The cabin crew were less satisfied with the health benefits (41%) as compared to the office staff (71%). This was postulated to be due to the working pattern of the cabin crew which could be considered as similar to working in shifts. However, those among the office staff who worked on shifts were more satisfied with the health benefits than those who did not. This may imply that the reason for the dissatisfaction of the cabin crew with the health benefits was not due to their being "shift-workers".

The survey also disclosed that 41.8% of the cabin crew were satisfied with the medical insurance provided compared to 74.8% of the office staff. About 60% of the cabin crew were satisfied with the panel of doctors compared to 86.6% for the office staff. However, both groups were comparatively less satisfied with the MAS Medical Centre (54.1% of cabin crew compared to 66.9% of the office staff).

The office staff considered proximity to home as the most important criteria for choosing a clinic. This was followed by convenient hours of the clinic. As expected, the cabin crew preferred convenient hours most due to their odd hours of work. Both groups considered poor quality of treatment and long waiting time as reasons for not choosing a particular clinic. The main reason for dissatisfaction with the MAS medical centre as indicated by both groups was the long waiting time.

Most of the respondents did not make any suggestion. Those who did mostly suggested extension of the health benefits to their families and the appointment of more 24-hour clinics.

Health Benefits in Other Companies

The data available suggested that the health benefits in at least three other Malaysian companies were similar. Financing of the medical benefits was either fully borne by the company or with contribution from the employees. The medical benefits, in all cases, included outpatient and inpatient care. There was concern for rising medical costs by the three companies surveyed. They felt that HMOs might be an alternative to the present health care system.

In summary, the most relevant results gained from the survey of the clinics were

1. insufficient trained nursing staff
2. inadequate emergency resuscitation facilities
3. insufficient health promotion
4. not enough training on occupational medicine
5. clear opposition to HMO and to capitation as a form of payment

The MAS staff survey revealed the following important findings:

1. a low perception of their job and health
2. a low satisfaction with the health benefits
3. a relatively high utilisation of health services
4. a relatively high rate of doctor 'hopping'
5. insufficient attention on wellness

Implications of the Study and Recommendations

To ensure that the panels provide high quality of medical care, they should be assessed by an annual evaluation. The accessibility and location of the clinic must be reviewed. Convenient operating hours should be a criteria for selection, preference being given for 24 hours clinics. This is to ensure that the staff would not find it difficult to get to the clinics or to get an appointment. The types and standard of the facilities and supporting staff in the clinic needs to be appraised. Feedback from the patients and consumer surveys would be very helpful in this respect.

A medical audit of the patients' records, medical statistics and referrals would help in assessing the doctor's performance. The purpose is not to penalise anyone but to encourage the doctors to continuously improve their service delivery, to undergo continuous medical education (CME), to be adequately equipped with diagnostic and emergency resuscitation apparatus, and to be adequately staffed with qualified personnel.

Utilisation management is essential to monitor the appropriateness and costs of treatment. This should reduce both over-utilisation and under-utilisation of procedures and/or treatment.

There is a serious problem of underestimating medical costs, especially the indirect costs. Investigators who defined "indirect medical costs" differently compound this. With total health and safety costs determined, one could ascertain sources of high or excessive expenditures, develop appropriate intervention, and evaluate the effectiveness of the interventions. Refer to Appendix I, II and III. (Brady, Bass, Moser, Anstadt, Loeppke and Leopold, 1997)

The survey showed that there was a sizeable number of staff who were dissatisfied with the health benefits given. This should be investigated further. There could be a need to offer a flexible-option medical plan that would give different levels of coverage at varying costs to fit the individual requirement. Customer satisfaction is important and there should be continuous efforts to obtain input from the users.

Another result of the survey was that there was a large number of staff who were dissatisfied with the MAS medical centre and the main reason given was the long waiting time. The process involved should be scrutinised to see how the waiting time could be reduced. An appointment system could be implemented. Although an attempt had been made previously but failed, tighter enforcement of procedures may lead to better results. For example, the clinic could begin in the morning from 9 AM to 10 AM for acute walk-in cases. The rest of the day should be reserved for patients with prior appointments, emergency cases and those with chronic illnesses.

To judge the quality of health care and to justify the expenses incurred, there should be a means to measure the outcomes. Ironical situations like "the operation was successful but the patient died!" should be avoided. There should be demonstrable evidence that outcomes have improved. This could be achieved with the careful collection of medical statistics and utilisation of a health information management system.

A health information management system is recommended to identify disease patterns and monitoring the potential relationship of work exposures to incidence of related diseases. Databases should be integrated and include medical claims (inpatient and outpatient), health risk appraisals, pharmaceutical, occupational and medical nursing records, laboratory results, personnel files, disability claims, absenteeism, and wellness programme participation (McCunney, Anstadt and Burton, 1997).

Such a system could:

- assess and choose therapies
- follow progression of one's health status and monitor outcomes
- establish standards of treatment for specific conditions
- make prediction of the cost of care possible
- allow selection from different sources of health care
- design customised health insurance benefits

Health promotion should be given more emphasis. This would enable the staff to be more knowledgeable of health matters and hence they would be able to take more responsibility for their own health. At the same time, doctors should spend more time with their patients on health promotion. The MAS medical centre should initiate programmes directed at specific health issues such as smoking cessation, safe driving, weight and diet control, fitness, substance abuse and aids awareness.

The goal of any corporate health service should be to give its employees access to quality and cost-effective health care. Quality refers to the whole health care delivery system and not just the health provider. Efforts should be concentrated on controlling costs without compromising on quality.

Three alternative proposals to reorganise the health care system of MAS could be recommended. They are:

(I) Maintain the present system with the following improvements :-

- (1) Initiate a formal and structured selection process of company doctors to ensure high standards of medicine and excellent quality of services. The criteria should include proof of continuing medical education activities, good standing in the profession, health promotion initiatives and positive feed-back from the patients.
- (2) Establish protocols for preventive, diagnostic and therapeutic services using clinical practice guidelines so that the doctors adhere to high medical standards. These guidelines should be rectified by an advisory committee consisting of highly regarded medical professionals.
- (3) Implement utilisation management to monitor adequate and appropriate use of medical services.
- (4) Improve the claims and payment procedures so that the reimbursement process would not be delayed.
- (5) Investigate reasons for the long waiting time at MAS Medical Centre (KULAP) so as to shorten it.
- (6) Formulate a flexible medical plan that would give different levels of coverage at varying costs to cater for the different needs of staff.
- (7) Conduct health promotion programmes for the MAS employees.
- (8) Revamp the health record system so that meaningful statistics may be analysed. A health information management system should be implemented by including the following information:

What is the average number of visits per employee per annum?

What is the average number of visits to general practitioners/specialists or hospitals?

What is the average direct cost per employee?

What is the estimated indirect cost per employee?
What is the rate of medical leave per employee?
Who are the employees who incurred the most costs?
What is the epidemiology of the illnesses?
Which clinics/hospitals did most of the employees visit?
Which clinics/hospitals incurred the highest costs?

Data collected should be used to evaluate the cost-effectiveness of the health benefits.

This proposal would have the advantage over the existing system as costs could be more predictable and the quality of service known.

- (II) Implement Proposal I but out-source the process of the claims payment and the management of the health information system to third party administrators.

This would have an advantage over the existing system with known quality but with less burden of claims processing and administration. The health information management system should be carefully reviewed to evaluate the benefits of out-sourcing. However, costs would be expected to be higher compared to proposal I.

- (III) Out-source the total management of the MAS medical care benefits to a managed care organisation like a HMO or a third party administrator. The company would have to make a comparative study of the options available. HMOs appear to be very promising but an in-depth scrutiny would be crucial to assess their quality of service.

This proposal may be the most cost-effective but could be most disruptive to the employees. They would have to get to know the new system and seek health care services from new doctors.

Limitations of the Study

The small sample size due to limitation of time was the main weakness of this study. A bigger sample size would make generalisation of the survey results possible.

Suggestions for Future Studies

Doctors in the MAS panel of clinics should be surveyed on how they can improve their standard of medicine and their quality of service, and how MAS may assist them. Their reasons to oppose to HMO and capitation should be elucidated.

A larger sample size of MAS employees and covering all departments of MAS should be done to get a more complete picture of the issues raised by this study. Problems faced by the employees in the cabin crew department would require a separate study to understand the problems unique to them.

This study showed that the MAS staff had different levels of satisfaction with the health benefits. Further studies should be done to explore the characteristics of these staff associated with the different levels of satisfaction.

This survey showed that the MAS employees were comparatively less satisfied with the MAS Medical Centre. The main reason identified was the long waiting time. A further study should be done to examine into this issue.