

PHARMACISTS TO GOVT: DON'T OVERLOOK OUR ROLE

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The Malaysian Pharmaceutical Society (MPS) expressed its surprise and shock that the national association was not engaged nor consulted in the establishment of two vital healthcare schemes, namely mySalam and PeKa B40 for the lower-income group in Malaysia.

MPS, had in a statement today, called it a “gross oversight and needs to be addressed immediately.”

MySalam, a national insurance protection scheme for the lower-income group (B40) aged between 18 and 55, was launched by Prime Minister Tun Dr Mahathir Mohamad on Jan 24, 2019.

The PeKa B40 healthcare scheme, launched four days later by Health Minister Datuk Seri Dr Dzulkefly Ahmad, covers Cost of Living Aid (BSH) recipients and their spouses aged 50 and above.

It was also reported that PeKa B40 is managed by a government company, Protect Health Corporation Sdn Bhd (PHCorp), which was established as a non-profit company under the ministry.

MPS said it was in the dark over the two new schemes, adding its colleagues from the Malaysian Medical Association (MMA) and other health-related NGOs were also not involved in any discussions leading to the formation of mySalam, as revealed by former Sungai Siput MP Dr Michael Jeyakumar Devaraj recently.

Doctors have also reportedly shunned PeKa B40, citing low rates offered by the Health Ministry while MMA president Dr Mohamed Namazie Ibrahim rightfully pointed out the Social Security Organisation (Socso) has a similar health screening programme for members aged 40 and above.

MPS said the views and insights of pharmacists should have been taken into account prior the establishment of the two schemes as the B40 group will be able to obtain medicine at a reasonable price and obtain counselling from the 16,803 registered pharmacists and over 3,000 community pharmacies nationwide.

Due to the lack of clarity, MPS posed several questions including:

1. Will pharmacists, especially community pharmacists be involved in the schemes?
2. The government has always insisted healthcare at public hospitals is free, or at worst, minimal cost. Hence the question arises if these insurance schemes involve private sector

facilities, why are the most accessible health care providers, i.e. community pharmacists, who are trained to diagnose and treat minor ailments at much cheaper costs, not included as service providers?

3. Why wasn't MPS involved in discussions leading to the formation of mySalam and PeKA B40?

MPS president Amrahi Buang stressed pharmacists, including community pharmacists, are able to initiate non-medical interventions.

He said pharmacists can assist in the health screening process and purchase of medical aid equipment which are part of the four benefits under PeKa B40.

"Why can't a community pharmacist carry out healthcare screening? It's not like a pharmacist will be diagnosing the patient but merely carrying out the screening. We all exist in the healthcare ecosystem," Amrahi said.

The 'National Survey On The Use of Medicines By Malaysian Consumers 2015', which involved 3,081 consumers nationwide, found 70.8 per cent of consumers wanted additional counselling sessions with pharmacists in order to understand and overcome problems pertaining to their medicines.

The report stated: "This is reflective of the expansion of pharmacists' role in patient care in the healthcare system in Malaysia. The increase in the number of pharmacists in both the public and private workforce has translated into the provision of more pharmaceutical care services such as medication management therapy. Malaysian consumers now view pharmacists as an important player in the healthcare system."

On Jan 29, 2019, the International Pharmaceutical Federation told the World Health Organization (WHO) health programmes that encourage patients to visit pharmacies as their first port of call for minor conditions have proven to reduce the burden on physicians and allow better use of available medical resources.

"But it looks like the new government is going to continue with the dichotomous state of the healthcare system."

"If this continues, will it be done with an enhanced primary care service involving only government doctors and government pharmacists? Is it not the government's responsibility to optimise all healthcare services including the private sector?"

He wondered if the government would be able to cope with the demand that would naturally increase given the introduction of the new schemes. This will see the need to hire more healthcare personnel including pharmacists.

“This will be an added responsibility. Can the government cope with the demand and additional responsibilities?”

“If this is going to be a public and private partnership, then by right the B40 group should also enjoy access to the private sector under these two schemes.”

He said doctors from government hospitals could prescribe medicine and that community pharmacists could dispense the medicine, which would then form a synergy between the public and private sectors.

“But at present, even insurance companies do not acknowledge the role of community pharmacies in our healthcare ecosystem.”

Amrahi hoped the powers that be will reach out to its members.

“We appeal to the new government to recognise the role of pharmacists. We also insist on the dispensing separation mechanism being extended to the private primary care setting as this is the only sector that lacks patient medication safety mechanisms that are managed by pharmacists.”

“We want to work with the government, we want to work together with doctors. We want to serve the *rakyat* and our country,” Amrahi added.