

CHAPTER I | OVERVIEW

Primary care provides essential functions for individual patients, health systems and populations. Apart from managing and triaging undifferentiated symptoms and delivering treatment for acute and chronic illnesses, primary care providers also manage many different services which include health promotion, disease prevention, health maintenance, counselling, patient education and many more.¹

The Malaysian primary care is of no exception. The two tiered healthcare system i.e. public and private holds an extremely important position in the delivery of primary care services in Malaysia. This chapter summarises the key findings of NHEWS Primary Care Survey 2012 by chapters:

Chapter 2: Primary Healthcare Establishments

- There were 5,198 private clinics and 871 public clinics in Malaysia as of 31st December 2011.
- Overall, there were 2.1 clinics per 10,000 population in Malaysia.
- 75.0% of the private clinics were solo practices.
- On average, public clinics had a higher total attendances per day compared to the private. The highest ratio was 12:1 (public versus private).
- Only 29.3% of the primary care clinics were fully computerised with the majority coming from private sector.

Chapter 3: Primary Healthcare Facilities

- 55 out of 68 public clinics sampled had a triage system implemented in their clinics.
- None of the private clinics sampled in East Malaysia had a diagnostic imaging/X-ray room in their premises.
- All public clinics with an exception of WP Kuala Lumpur (62.5%) had a designated laboratory space.
- The median for functioning ambulances per public clinic in the states/regions sampled is 1.0 (IQR 0.0).

Chapter 4: Primary Healthcare Services

- Only 16.7% of the private clinics offered smoking cessation programmes as compared to 75.0% in the public.
- More than 90.0% of public clinics provided preventive and health promotion services such as obstetric and gynaecological services, family planning services and clinical breast examinations. On the other hand, private clinics performed more minor surgeries (91.7%) and medical check-ups (98.3%).
- All states and regions sampled had a higher percentage (range: 51.9% - 75.0%) of clinics opening 7 days in a week except for WP Kuala Lumpur where 73.3% of the clinics had less than 7 operating days in a week.
- Only 5.0% of the private clinics in the states/regions sampled were functioning as 24-hour clinics.

Chapter 5: Primary Healthcare Workforce

- The median number of doctors per public clinic was 4.5 doctors (IQR 5.0) and 1.0 doctor (IQR 1.0) per private clinic.
- The majority of doctors (61.1%) practising in the public clinics were between the ages of 25-34 years old. By comparison, 72.1% of the private clinics' doctors were ≥ 45 years old.
- 75.5% of the doctors in the private sector had more than 10 years of experience in primary care.
- Overall, two-third of the doctors in primary care were females.
- Medical doctors from private clinics worked a median of 47.5 (IQR 21.0) hours per week while public clinic doctors had shorter working hours per week with a median of 40.0 (IQR 5.0) hours.
- Kuching region recorded the highest number of patients seen per day per full time equivalence (FTE) doctor (44 patients).
- Overall, there was a ratio of 1 Family Medicine Specialist to 5 primary care clinics.

Chapter 6: Primary Healthcare Medical Devices

- Only 51.5% of the public clinics had functioning defibrillators in their premises.
- Less than 15.0% of the private clinics had laboratory equipments such as bilirubinometer or full blood count analysers.
- Public clinics had a median of four or more functioning peak flow meters per clinic for every state/region while the private sector had only a median of one functioning peak flow meter per clinic.
- 71 out of 73 resuscitation trolleys were functioning in the public clinics. Clinics in both public and private sectors had at least one resuscitation trolley per clinic except for private clinics in Kelantan which only had a median of 0.6 (IQR 1.0) resuscitation trolley per clinic.
- About 5.0% of the glucometers in the public clinics were reported to be non-functioning.

Although the survey was restricted to only 3 states and 2 regions sampled, the findings have provided a better understanding of the primary care services as well as the socio-demographic characteristics of the primary healthcare workforce. These results, together with the findings of morbidity pattern and processes of care from the National Medical Care Survey (NMCS) 2012 are hoped to form a clearer picture on the current primary healthcare system in Malaysia.

References

1. Primary Care. American Academy of Family Physicians, 2013. [Viewed 17th October 2013]. Available from: <http://www.aafp.org/about/policies/all/primary-care.html>.