CHAPTER ONE

Introduction
CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

The National Healthcare Statistics Initiative (NHSI) is a family of surveys which aims to support evidence-based health policy-making and research in Malaysia. It was initiated in 2009 by the Healthcare Statistics Unit (HSU) of the National Clinical Research Centre (NCRC) in collaborations with various stakeholders. Over the past six years, the NHSI has grown and managed to gain local and international recognition due to the usefulness of its reliable and timely data, which fill in the gap between research and policy. Annual reports are published for the surveys under NHSI.

As one of the four members of NHSI, the National Medical Care Survey (NMCS) was first launched in 2010 and had its fair share of challenges. After consulting local and international researchers as well as stakeholders, a pilot study was conducted in 2012. The continued support from the Family Medicine Research Centre team at the University of Sydney in Australia, which conducts a series of primary care research under the Bettering the Evaluation and Care of Health (BEACH) program,1 has been a major contributing factor to NMCS. In addition, the revised methodology and an able steering Research Evaluation Committee had ensured the success of NMCS 2012.

The questionnaire for NMCS 2014 was adapted from BEACH and NMCS 2012. Validation was done before proceeding with the improved forms for the 2014 project. The valuable information and experience gained from NMCS 2012 contributed tremendously to the improvement of methodology, data collection strategies and analysis methods for NMCS 2014.

While the NMCS 2012 was a pilot study that involved only three states and two regions, the NMCS 2014 was conducted at national level. In fact, NMCS 2014 is the first nationwide study on public and private primary care in Malaysia, where public and private clinics were randomly sampled from all 13 states and three federal territories to be included in the survey. At the national level, NMCS 2014 is providing information to the National Strategic Plan for Non-Communicable Disease (NSPNCD) 2010–2014 and the Malaysian Health System Reform (MHSR) research on the clinical management of diseases and utilisation pattern in primary care settings.2,3

1.2 OBJECTIVES

General objectives

1. To collect reliable and valid data in primary care setting.
2. To examine patient characteristics and utilisation pattern and the relationship these factors have with health service activities.
3. To provide accurate and timely data to various stakeholders, including government bodies, primary care practitioners, consumers, researchers and the pharmaceutical industry.
4. To establish an on-going database of doctor-patient encounter information.
Specific objectives

To collect information on clinical activities in primary care setting in Malaysia, including:

- The characteristics of patients seen
- Mode of payment for primary care services
- Reasons people seek medical care
- Problems managed, and for each problem managed:
  - Pharmacological treatment prescribed, including the dose and frequency
  - Non-pharmacological treatment provided, including procedures and counselling
  - Investigations ordered, including pathology and imaging
  - Follow up in primary care and referrals to secondary or tertiary care
  - Issuance of medical certificate and duration of sick leave

1.3 DEFINITIONS

Definitions of primary care were adapted from the American Association of Family Physicians. The few terms that were taken are:

a) Primary care
   - The care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioural, or social), organ system, or diagnosis.
   - The care involved includes health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of healthcare settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician, often collaborating with other health professionals and utilising consultation or referral as appropriate.

b) Primary care setting
   - Primary care setting serves as the patient’s first point of entry into the healthcare system and as the continuing focal point for all needed healthcare services. Primary care practices provide patients with ready access to their own personal physician or to an established back-up physician when the primary physician is not available.

c) Primary care doctors
   - Medical doctors or family medicine specialists (FMS) who provide primary care in the primary care setting.

Primary healthcare in Malaysia is provided by both public and private healthcare providers. Government clinics (Klinik Kesihatan) are funded by the government, while the private sector provides services on a fee-for-service basis. In this report, the terms ‘public clinics’ and ‘private clinics’ are used to describe these two types of primary care clinics.
### 1.4 RESEARCH QUESTIONS

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<th>No.</th>
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<td>1</td>
<td>What types of patients are seen by primary care practitioners?</td>
<td>Demographic characteristics</td>
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<td>What is the source of payment for primary care services?</td>
<td>Mode of payment</td>
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<td>3</td>
<td>What motivates patients to seek care in the primary care setting?</td>
<td>Patient’s reasons for visit</td>
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<td>4</td>
<td>What are the actual diagnoses/problems managed by primary care practitioners?</td>
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<td>What are the pharmacological treatments prescribed by primary care practitioners for each diagnosis?</td>
<td>Pharmacological interventions</td>
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<td>What are the procedures and imaging ordered by primary care practitioners for the diagnoses/problems?</td>
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<tr>
<td>7</td>
<td>What types of counselling are offered by primary care practitioners for the diagnoses/problems?</td>
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<td>Is there any continuity of care in primary care setting?</td>
<td>Referrals/follow-up</td>
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<td>What is the extent of the loss of productivity for the morbidities in primary care setting?</td>
<td>Medical certificate (MC) and duration of sick leave</td>
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<td>10</td>
<td>What are the characteristics of the primary care providers seeing the patients?</td>
<td>Providers’ characteristics</td>
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<td>What are the characteristics of the clinics the patients visit in primary care?</td>
<td>Clinic establishments and workforce</td>
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All research questions are addressed in this report. While most questions are reported in a chapter of its own, some related questions are discussed together within relevant chapters.

### REFERENCES


