KEMENTERIAN KESIHATAN MALAYSIA
INSTITUT PENYELIDIKAN SISTEM KESIHATAN

SUSTAINING SKIM PERUBATAN MADANI: GENERAL PRACTITIONERS' PERSPECTIVES ON PROGRAMME MAINTENANCE IN MALAYSIA

EP060



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INTRODUCTION

- **Skim Perubatan MADANI (SPM)** is a public–private partnership providing subsidised primary care to Malaysia's B40 population.
- **General Practitioners (GPs)** are essential to this initiative and ensuring equitable access.
- However, there is a **lack of in-depth knowledge** on understanding their barriers in sustaining SPM.



OBJECTIVE

To explore barriers and facilitators influencing the maintenance of SPM from the perspectives of GPs across Malaysia.

Is SPM sustainable in the long term?

METHODOLOGY

SAMPLING



63 GPs (participating, dormant, non-participating) across 6 Malaysian states

DATA COLLECTION



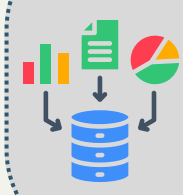
In-depth interviews exploring implementation, barriers, and behavioral drivers

ANALYSIS



Abductive thematic analysis guided by RE-AIM maintenance domain

VALIDATION



Triangulation, peer debriefing, and stakeholder member-checking

RESULTS



BARRIERS

- Insufficient government funding
- Low medication reimbursement rates limits financial attractiveness of scheme

FACILITATORS

- Government funding commitment
- Increased medication reimbursement
- Flexible co-payment models

FINANCIAL SUSTAINABILITY

"The government can only afford 100 million for this program… you have to provide for a lot of B40 population in the whole country. So it's a limitation" (GP135).



- Poor communication of policy changes
- Program disruptions & uncertainty
- Lack of transparency

CONFIDENCE AND TRUST

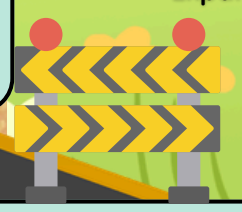
"They don't know why it has stopped and kenapa tidak diberitahu awal. They also confused, we also confused" (GP114).

- Constant communication with GPs
- General support for program continuation

SERVICE EXPANSION

"Kalau boleh perpanjangkan kepada NCD punya case, terutama diabetes hypertension… it should be good lah" (GP136).

- Disease coverage limited & has lesser impact



- Expanding the scope and scale of services

SYSTEM COLLABORATION

"Maybe we can actually reduce the load going to the emergency or even the klinik kesihatan … and it's a chance for us to GP to collaborate with the KKM …" (GP87)

- Lack of integration with public health care system



- Community recognition of program value
- High willingness to ensure the success of public-private collaboration

POLITICAL COMMITMENT

"Ya, ada juga mereka meluahkan perasaan lah dan tanya kenapa bukan di kawasan luar bandar, Tetapi di bandar yang diteruskan lah beberapa kali." (GP147)

- Perceived bias due to selective implementation and inconsistent roll-out
- Unclear commitment from the public sectors in ensuring the success of the scheme

- In line with multi-agency commitments to achieve equity
- Can be integrated with state initiatives
- Formally included in the Ministry of Health's program and operations



KEY CONSIDERATIONS

- **Funding is the biggest risk** — inconsistent reimbursement and unclear long-term financing threaten SPM's sustainability.
- **Coordination gaps weaken impact** — stronger communication across implementers and between public–private partners is essential.
- **Leverage proven value** — use program benefits to drive deeper interagency commitment and integration with the public health care system.

CONCLUSION

The maintenance of Skim Perubatan MADANI is shaped by three interconnected factors- financial sustainability, relational trust, and system and operational factors

ACKNOWLEDGEMENT:
The authors would like to thank the Director General of Health Malaysia in the support of publishing this poster

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