

Enhancing haemodialysis treatment

COMMENT

KIDNEY disease continues to pose a significant burden on Malaysia's healthcare system as the number of patients requiring dialysis treatment for end-stage renal failure (ESRF) keeps rising.

It is projected that there will be about 106,000 Malaysians with end-stage renal disease by 2040. Recent forecasts also suggest that the total cost of dialysis treatment could reach RM1.5 billion by 2040.

Echoing the call for reform outlined in the Health White Paper, the National Kidney Foundation of Malaysia (NKF) proposes a comprehensive approach to enhance the provision of haemodialysis treatment. This approach includes standardising funding mechanisms and implementing value-based measurements to improve patient outcomes.

This is in line with the key principles in the Health White Paper: "Pillar 1: Transforming health service delivery", where the government aims to optimise the utilisation of capacities and capabilities in both the public and private sectors to achieve greater effectiveness.

While this paper focuses on the issues of funding for haemodialysis treatment, NKF acknowledges the crucial importance of early detection and prevention in addressing kidney failure in the long term.

Based on data from the National Renal Registry, the government covers nearly 50% of all dialysis treatments (48.1%), followed by Socso (Social Security Organisation) at 23.2%, Zakat/Baitulmal at 12.2% and others sources, such as out-of-pocket payments, non-governmental organisations, insurance and employer subsidies.

The availability of funding agencies and public-private partnership schemes have been instrumental in ensuring patients receive life-saving dialysis treatment that they require, thereby alleviating their suffering and improving their quality of life.

The government's commitment to addressing the needs of kidney patients and its proactive approach to leveraging private resources for the patients' benefit is commendable.

NKF is grateful for this invaluable partnership, which has undoubtedly made a significant impact on the lives of countless



It has been forecasted that the total dialysis treatment cost may reach RM1.5 billion by 2040. – REUTERSPIX

individuals affected by kidney disease.

Nonetheless, the existing funding sources and mechanisms for haemodialysis treatment in Malaysia exhibit fragmentation, resulting in disparities in service bundles and subsidy values among different funding agencies.

This lack of consistency and incomplete care leads to complications, higher costs, reduced productivity and a diminished quality of life for patients.

To address these challenges and ensure high-quality treatment for kidney patients, the NKF proposes the following recommendations:

Standardise treatment bundle

To ensure comprehensive and consistent care, all funding agencies should provide subsidies for the complete range of treatments and services required by dialysis patients.

This includes dialysis services, vascular access for haemodialysis treatment, erythropoietin stimulating agents and parenteral iron, laboratory tests, basic medicine and specialist consultations.

By standardising subsidy rates for a bundled package, patients can receive the necessary treatments without financial barriers, leading to improved outcomes and a higher rate of patients returning to the workforce.

Implement value-based measurement

To measure the quality of care provided by private haemodialysis centres, a comprehensive framework for value-based measurement should be developed.

This approach involves continuous monitoring of dialysis centres key performance parameters, such as dialysis adequacy, target haemoglobin levels, bone metabolism status, and water quality.

In addition, by using metrics based on continuous quality improvement metrics, namely the patient's haemoglobin level, albumin level, dialysis adequacy, phosphate level and transferrin saturation, the government and funding agencies can closely monitor patients' outcomes to ensure that all subsidies are allocated based on achieved values.

Ultimately, this will ensure transparency, inclusivity and improved cost-effectiveness.

Establishing digital monitoring process

To optimise the use of resources and ensure the highest standards of care, an electronic performance monitoring system should be implemented.

Once the electronic medical records (EMR) or electronic lifetime health records (ELHR) are implemented per the Health White Paper, the monitoring system can leverage the EMR and ELHR to standardise treatment and patient care.

It will enable comprehensive data collection, analysis and reporting of treatment standards and patient outcomes across all haemodialysis centres.

Furthermore, it will facilitate continuous monitoring of patient adherence and compliance with treatment and care standards, allowing for effective and efficient cost management and control.

In conclusion, the proposed measures seek to address the challenges faced in the provision of haemodialysis treatment for kidney patients in Malaysia.

By standardising treatment bundles, implementing value-based measurement and establishing a digital monitoring process, the quality of care can be improved, funding efficiency can be enhanced and better patient outcomes can be achieved.

The NKF urges the support and collaboration of the Health Ministry and relevant stakeholders in implementing these recommendations.

Together, we can ensure high-quality treatment for dialysis patients and alleviate the burden of kidney disease on both the healthcare system and the economy.

By adopting a value-based approach, Malaysia can lead the way in providing equitable and efficient dialysis treatment, setting a benchmark for quality care, and improving patient outcomes in the region.

This article is contributed by the National Kidney Foundation of Malaysia, a non-profit charitable organisation dedicated to helping Malaysians suffering from end-stage kidney failure who lack access to or cannot afford dialysis treatment. NKF has over 1,700 dialysis patients receiving subsidised dialysis treatment in 29 dialysis centres nationwide. Comments: letters@thesundaily.com