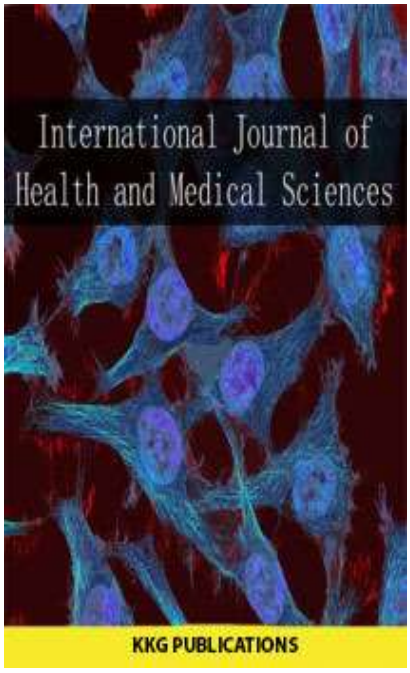

Key Knowledge Generation
Publication details, including instructions for author and
Subscription information:
http://kkgpublications.com/medical-sciences/

Managed Care: What Do Private Practitioners (G.P.s) Think?

SHAMSINAR IBRAHIM[1], MOHD RIZAL ABDUL MANAF[2], AZIMATUN NOOR AIZUDDIN[3]

[1] MARA University (UiTM), Malaysia
[2, 3] National University of Malaysia (UKM), Malaysia

Published online: 21 Jun 2015

To cite this article: Ibrahim, S., Manaf, M. R. A., Aizuddin A. N. 2015. Managed care: What do private general practitioners (GPs) think? International Journal of Health and Medical Sciences, 1:1 8-16. DOI: https://dx.doi.org/10.20469/ijhms.30002

To link to this article: http://kkgpublications.com/wp-content/uploads/2015/12/IJHMS-30002.pdf

KKG PUBLICATIONS

International Journal of Health and Medical Sciences

IJHMS

2015, 1:1 8-16

MANAGED CARE: WHAT DO PRIVATE GENERAL PRACTITIONERS (GPs) THINK?

SHAMSINAR IBRAHIM[1*], MOHD RIZAL ABDUL MANAF[2], AZIMATUN NOOR AIZUDDIN[3]

[1] MARA University (UiTM), Malaysia
[2, 3] National University of Malaysia (UKM), Malaysia

Keywords:
Managed Care
Perception
Health Plans
Private General Practitioners

Received: 14 April 2015
Accepted: 12 August 2015
Published: 21 June 2015

Abstract. Generally, managed care embedded its roles in most general practitioners settings where most of the population seek their primary medical treatment. This study aims to determine the perception of Private General Practitioners (GPs) towards managed care and factors influencing those perceptions. This study participated by 157 GPs work within the vicinity of Kuala Lumpur and Putrajaya. The result of the study shows that the age factor influences perception score. This difference was significantly proven when the young GPs have higher perception scores than their counterparts. This study found no differences in any of GP's criteria factors and perception scores. Quality of care was spotted having a positive, fair correlation with perception score and this relationship is statistically significant. Extended analysis of multivariate indicated race, GPs' years of practice, GPs clinic duration, and quality of care as predictors succumb to 20% variance in perception score. Overall, the majority of 102 GPs reported a negative, low perception towards managed care arrangement, which is consistent with findings of previous studies. Managed care is yet to be seen, its major effect in the local healthcare industry, though the trend has already been transparent, which might result from exposure from external influence. Therefore, potential agencies, policymakers, and GPs need to actively start a measurement and collaboration for better healthcare delivery and promote healthy communication.

INTRODUCTION

Managed care is a global term for health care systems that integrate the delivery and financing of health care. Managed care contrasts with liberal medical practice, which allows doctors to make clinical decisions and bill for their services without interference from managers or payers. In laymen's definition, managed care is a general term for doctors, hospitals and other providers into groups in order to enhance the quality, access and cost effectiveness of healthcare In short, managed care stood up to be a method of control, managed and administrators of health care.

Traditional forms of cost payment include either out-of-the pocket by patients or individual health insurance covered by the policy. Government concern about rising medical and declining health care covering also the urge to spread the health care delivery to the whole country, coupled with corporations' recognition of the profits to be made in health care, has led to a boom in managing care [1].

In local setting, managed care terminologies used through MCOs establishments and the insurance organization that acknowledges health care as one of the divisions. As managed care aroused interest of many, there are a number of organizations setting up

MCOs to support managed care application and implementation. [2] reported that in 2000, it was 32 MCOs, 45 and 50 according to the [3]. However, this figure conflicted with what registered in the public domain supervising by the Ministry of Health (MOH). In the MOH listing, there were only 27 MCOs officially registered under Cawangan Kawalan Amalan Perubatan Swasta CKAPS, MOH [4].

Objective of the Study

The purpose of this study is mainly to determine the perception towards managed care among Private General Practitioners (GPs) in Federal territory of Kuala Lumpur and Putrajaya and factors influencing it.

LITERATURE REVIEW

The Development of Managed Care

Before the adaptation of managed care in 1990s, Malaysia has traditionally adopted a free market approach to heal-

*Corresponding author: Shamsinar Ibrahim
E-mail: shamsinaribrahim05@gmail.com

th care delivery. In this free market or fee-for-service system, a patient is free to choose any of the physicians, receive health care services, and arrange a payment either by cash out-of-pocket or through an insurance provider. The backlash of this system has tremendously affected the concept of escalating costs, access of care, and quality of care.

Therefore, the federal government has decided to adopt the managed care in an attempt to correct the health care problems in the country. During that period, managed care was believed to have a potential growth [5] and help the country in managing health care issues.

Managed Care

[6] revealed that, although there is no standard definition of managed care, managed care is used to systematically decrease health care costs by combining the financing and delivery of health care services. Additionally, managed care also could denote different meanings and translations to different people.

Too many patients, a complete health care is important regardless of the prepayment in managed care organization or through another type of plan that provided health care. From a private and government standpoint, an organization that carries a managed care term allows them to control health care providers in determining what payment and services are allowable [7].

There are similarities among managed care, which include the following: measures of containing costs, provider networks with explicit criteria for selection, payment method alternatives, and utilization of controls over hospitals and specialist physician services. Managed care advocates believed that managed care arrangement and application promotes efficiency in health care systems, dismiss inappropriate treatments, but focuses on provision of necessary care and also helps to control costs [8] and [9].

The Managed care arrangement works mostly on a fixed prepayment system for more comprehensive coverage for health care [10]. The key idea to understand managed care is that it works basically to modify doctors' actions by reducing the inappropriate treatment and care so that costs could be controlled efficiently by using what we call a practice of evidence-based-cost-effective medicine [11].

Observations revealed that every policy, programme, and idea was commonly observed by others globally as it increasingly attracts other countries to adapt to the system [12]. However, from a certain point of view, there is a coercive pressure upon the domestic policy brought over internationally as to influence the government to draw a policy that is based on other countries' policies [13]. In Malaysia, the meaning of managed care is governed by the micromanagement processes [11]. Managed care now is seen as a control tool to answer the question of cost escalation as well as quality control [14] providing one of the reasons for the accelerated adaptation.

Perception Towards MCOs

Managed care has always been unpopular choices among the physicians. Physicians mostly viewed, managed care as interference tools between physician-relationship, ways of controlling costs and it's generally seen by the physicians to be problematic by looking at how the managed care rules them of how they provided services to the patients [15], [16]-[7].

With the increase prevalence of managed care becoming greater third party that influenced physicians' clinical judgment, physicians refuse to let their professional autonomy be taken away.

It is a tremendous change in the country (Malaysia) during the past ten years of managed care establishment. It is ostensible that the general practitioner's role in managed care is superficial and important. What's more, the health care services primarily has shifted to managed care around the country [17]. However, literatures describing the perception of general practitioners regarding managed care are appearing quite negative. Hence, what has made the practitioners to continue working with managed care? Through this study, this question might have the answer.

METHODOLOGY

This study was a cross-sectional study participated by 157 GPs within the vicinity of Kuala Lumpur and Putrajaya. Probability random sampling was employed in this study. Data collected were from August until November 2012. Thirty-three (33) self-developed questions inquired consisted of socio-demographic factors, GPs criteria factors, managed care issues' factors and perception towards managed care arrangement. Managed care issue and GPs perception questions were measured using 5-point Likert Scale.

The validity and reliability test done were on the question and it was thoroughly pre-tested. The questionnaire has a Cronbach Alpha value between 0.710-0.949. T-test, Spearman, and Pearson used were to assess the significance differences and correlation of independent variables with the outcome. Further Multiple Linear Regression Analysis was done to identify the predicting factors that accounted for the variance in the outcome.

RESEARCH FRAMEWORK

The Variables: Independent Factors

The factors selected derived were from various studies, mostly from the United States (US). The US healthcare system which was the one experienced with managed care had taken many related studies, in which study of perception was among the initial studies done to address the physician feedbacks on managed care. This study included three main domains representing the independent variable, which believed to have influenced the perception of general practitioners. Socio-demographic domain consists of GPs' age, gender, race and qualification, while GPs, general criteria indicated GPs' years of practice, types of practice, working commitment, clinic duration

and group size. The managed care issues domain on the other hand, assessed on the issue of professional autonomy, quality of care and accessibility to patient. Illustrated below is the framework of the study which reflects the connection between IVs and DVs.

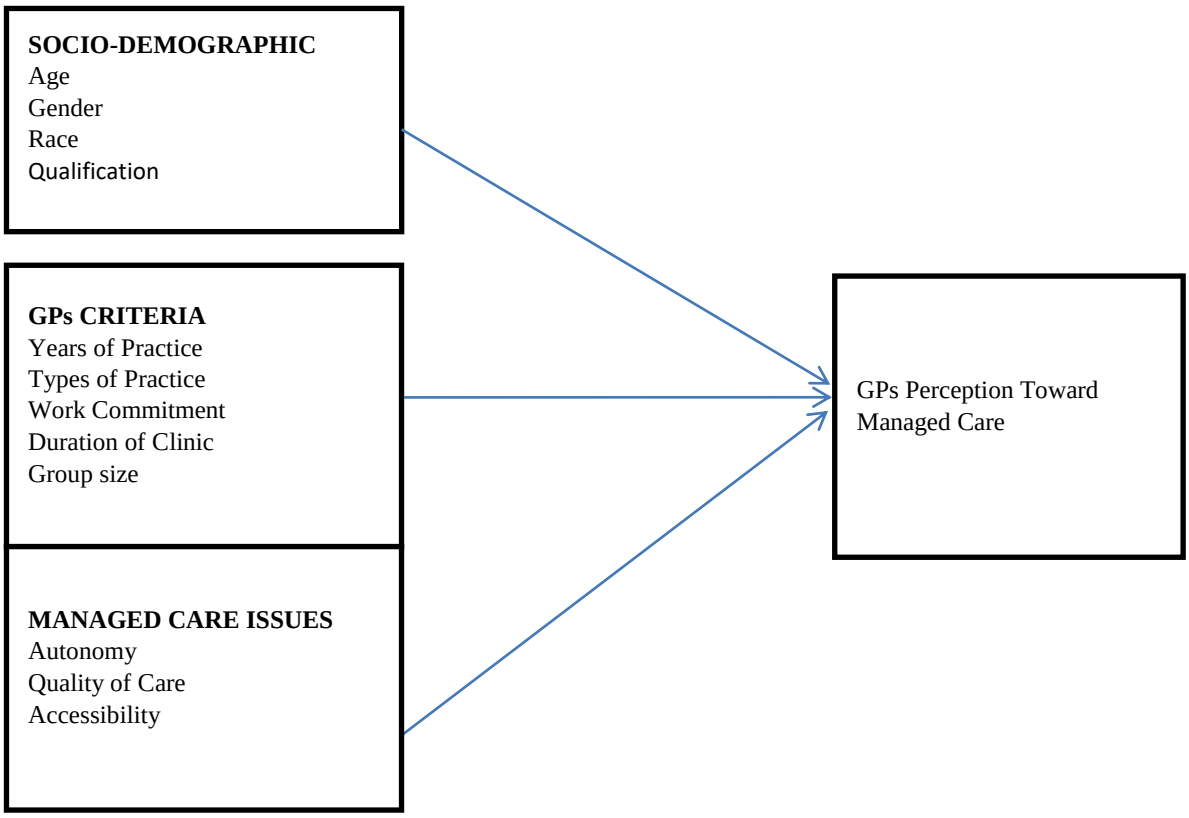

Fig. Perception model.

TABLE 1
CRONBACH ALPHA FOR MANAGED CARE AND PERCEPTION DOMAIN

Particulars	No of Items	Cronbach Alpha
Autonomy	6	0.949
Access	7	0.734
Quality	10	0.710
Perception	10	0.732

Respondents' Socio-Demographic Characteristics

The mean age for GPs under study was (49.6 ± 9.8) years with 28 was the minimum age and 71 years old as the maximum age. One-third of the respondents represent the older (>45 years old) GPs (63.7%) and the younger (≤45 years old) make up about (36%) of overall respondents. Under this study, the ratio of female to male respondent was 1:1 derived from their percentage portion of (40.8%) and (59.2%) respectively. Most of the respondents are Malays (38.3%), followed by Indians (33.2%), Chinese (24.8%) and other races (3.8%). In regards of the respondents qualification most of them (65.6%) were from abroad, medical schools and the others were from local medical institution (34.4%) in which most of the female respondents graduated were from the local while the male respondents were from abroad with (51.9% and 65%) respectively. Table 2 shows the frequency distribution of respondents in term of socio-demographic.

Respondents' Criteria as GPs

Most of the respondents have been practicing medicine about ten years and more (78.3%). Half of the respondents are from the solo practices compared to the group with (58% and 42%) respectively. From the group size, aspect respondents who are in-group size less than three dominating about (73.9%) followed by (26.1%) respondents from the bigger group size. With regards of the clinic duration, about (70.1%) respondents are from 24-hours clinic and (29.9%) of them are currently practicing in clinic less than 24-hours. GPs who are working full time

formed the majority of (96.2%) of overall respondents, whereas, only 3% are working on a part time basis.

RESULTS ANALYSIS

TABLE 2
DESCRIPTIVE STATISTICS (SOCIO-DEMOGRAPHIC AND GPS' GENERAL CRITERIA)

Characteristics	Frequency (n=157)	%
Age (years)		
≤45 (young)	57	36.3
>45 (old)	100	63.7
Gender		
Female	64	40.8
Male	93	59.2
Race		
Malay	60	38.2
Chinese	39	24.8
Qualification		
Local	54	34.4
Abroad	103	65.6
Years of practicing		
<10 years	34	21.7
>10 years above	123	78.3
Types of practices		
Group	66	42.0
Solo	91	58.0
Group Size		
<3	116	73.9
3 or more	41	26.1
Clinic duration		
<24 – hours	47	29.9
24 hours	110	70.1
Work commitment		
Part time	6	3.8
Full time	151	96.2

Managed Care Issues

Autonomy, access to patient and quality of care were another domain addressed in this study. These issues were asked to acknowledge the current agreement and disagreement of respondents regarding their professional autonomy, ability to refer patients and quality of care which is believed could influence their perception in managed care. The Majority of respondents reported almost absolute agreement with the statements given to each aspect of autonomy (62.4%), access (75.8%), and quality of care (85.4%). Almost all of the respondents believe that they have managed to withhold their professional autonomy, bestowed

access to patients and maintain quality of care even though they are working with managed care restrictions and interference.

TABLE 3
DISTRIBUTION OF SCORE OF MANAGED CARE ISSUES DOMAIN (N=157)

Aspect	Score	
	Agreement n (%)	Disagreement n (%)
Autonomy	98 (62.4)	59 (37.6)
Access	119 (75.8)	38 (24.2)
Quality	134 (85.4)	23 (14.6)

TABLE 4
INDEPENDENT T-TEST BY SOCIO-DEMOGRAPHIC AND GPS' GENERAL CRITERIA

Characteristics	N	Mean (SD)	t-test	*p-value*
Age (years)				
≤45 (young)	57	29.7 (4.30)	2.009	0.046*
>45 (old)	100	28.2 (4.70)		
Gender				
Female	64	29.18 (4.49)	0.869	0.387
Male	93	28.53 (4.69)		
Race				
Malay	60	29.38 (3.61)	1.347	0.180
Non Malay	97	28.44 (5.11)		
Qualification				
Local	54	29.05 (3.91)	0.497	0.620
Abroad	103	28.66 (4.94)		
Years of practicing				
<10 years	34	30.05 (4.32)	1.808	0.072
>10 years above	123	28.45 (4.64)		
Types of practices	66	28.93 (4.52)	0.316	0.753
Group	91	28.70 (4.69)		
Solo				
Group Size				
<3	116	28.94 (4.60)	0.665	0.507
3 or more	41	28.39 (4.66)		
Clinic duration				
<24 – hours	47	27.75 (5.05)	-1.934	0.055
24 hours	110	29.26 (4.34)		
Work commitment				
Part time	6	28.00 (3.94)	-0.434	0.665
Full time	151	28.83 (4.64)		

TABLE 5
PREDICTING FACTORS TO GPS PERCEPTION SCORE

Factors	Unstandardized Coefficient		Standardized Coefficient	T	*p-value*
	B	SE	Beta		
Constant	13.846	3.336		4.151	0.000
Race	1.491	0.683	0.158	2.181	0.031*
Years Of Practice	-1.658	0.805	-0.149	-2.059	0.041*
Clinic Duration	1.689	0.720	0.168	2.344	0.020*
Quality	0.502	0.087	0.436	5.743	0.000*

Significant at $p < 0.05$

Statistical Analyses

The data in socio-demographic as well as in the GPs' criteria were analyzed using Independent T-test while the rest of continuous data of managed care Pearson and Spearman test were used where appropriate. Multiple Linear Regressions was chosen for further, predicting factors of perception score. The t-test procedure revealed statistically significant differences between age and perception score, (p<0.05). T-tests were also conducted on the GP criteria, however, none of the factors was found significant. Although not statistically significant, the latter test of linear regression shows race, years of practice, clinic duration and quality have a significant relationship with perception score (Table 5).

DISCUSSION

Response Rate

Out of 265, 157 respondents participated in this study. This figure amounted to (59%) of response rate, which is could be considered to be relatively low. This percentage of response rate however is very common for this type of study in which the matter under study was the professionals (doctors), either practice in private or public setting. Additionally, most of related study involving a self-administered questionnaire and delivered by postal services. We went through the previous study of similar subjects, for many the response rate was below (50%). For instance, a study done by [18] only managed to yield (44%) of response rate. In another study by [19] a report, survey on the concern of young doctors in Singapore regarding the migration of public doctors to the private managed to acquire about (16%) response rate. A local study done by [20] only yielded (24.3%) as overall response rate even though separately the researchers only managed to have (20.1%) of return rate from the GPs side. The study concerning private medical practitioners and managed care in Malaysia involved both the GPs and specialists. Another local study done by [21] pull out only (22.5%) of response rate among the GPs in the private. The National Healthcare Establishments and Workforce Statistics survey 2008 - 2009, which was the national survey of primary care involving private GPs similarly, yielded around (28.4%) of overall response rate [22].

Overall Results

About (65%) of GPs were reported negative perspective towards the perception statements. The GPs express their thoughts negatively to the following statements; managed care support of GPs-patient continuity of care (79%), managed care could prevent a conflict between GPs and patients (79%), limitations of choices in managed care support patient's quality of care (94%), unsettled claims will not hinder GPs care delivery to patients (88%).

Through this study, a few major findings were reported. Age factor was found to have significant differences with perception score. The Youngers' GPs tend to perceive managed care positively as compared to their counterparts. In comparison with other studies, the results are no surprise that the older GPs would perceive managed care as negative arrangement [23], [24].

Quality factor significantly have a positive and fair relationship with perception score. This factor also justified to be the best predicting factor in the multivariate analysis. This finding not only confirms to the hypothesis, but is also congruent with previous studies done related to managed care arrangement. In preceding studies, 11 out 15 studies, which examined quality and managed care arrangement, found that physicians generally agreed on the fact that the overall effect of managed care on quality of care was neutral to negative.

Apart from that, another factor of race, years of practices and clinic duration was also found to be predicting factors to perception score. Generally, these factors included in the latter analysis contribute (20%) in variance of perception score. We predicted that other untested factors, which are not included in the study, might influence the above figure.

Although found no differences between race and perception score in the initial analysis, the latter analysis of regression depicted race as one of the predictors to perception score. The malay GPs tend to perceive managed care negatively and this finding was similar to those by [23]. Additionally, years of practicing and clinic duration were the predicting factor to the GPs' perception. The GPs who were in the medical field for a lengthy period of might have better experience regarding the work process related to managed care. Therefore, during the extensive period of working with managed care, judgmental perspectives were constructed among the GPs. Yet, in a similar study by [25] found no conflict with managed care.

Through this study, none of autonomy and access issues were the main concern of most of the GPs. The findings, however, exclusively contradict to most of the previous studies which mentioned that physicians noted managed care has led to autonomy, loss [26]. The findings turn out to be contradicted with other studies conceivably due to managed care in a local setting (Malaysia) which has yet to develop to the extent of compromising their autonomy due to certain managed tools.

On the other hand, positively, out of the total GPs, more than half of them optimisticly views the role of gatekeeper assigned to them. The basic of managed care idea is the gatekeeper becomes the person patients encounter before proceeding to secondary treatment [27], [28], [29]-[6]. This finding is compatible with [1] who concluded the same result.

LIMITATIONS

Reasonable efforts were taken appropriately to minimize bias throughout the study, however, this study is not without limitations. This exploratory study presented the perception of GPs towards matters under study and this condition subjected to retrospective recall bias in which GPs tried to recall their experiences with managed care. Generalization was another issue. The response rate of this study was very low, even though the proportion was rather common in this type of study. However, the study would have been more varied if the study could include more wide-ranging samples which might include the specialist from the fourteen states of Malaysia.

SUGGESTIONS

A proper documentation and systematic monitoring of managed care operation might be one of the options to cater the concern brought up by most of the GPs. A recognized unit (existing body to oversee managed care, such as Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) can run aggressively to curb the issues arise. Annual Report 2009 barely discussed managed care in medical programme section, consequently providing less information on what is going on with the managed arrangement in the local setting. The improvisation of managed care and views from the player in the field, especially the physicians might unveil some solutions towards the development of 1care which has been discussed for years now.

CONCLUSION

This is a general investigation of GPs perception regarding how they view managed care. In this study there is a mixture of managed care tools questions that were asked to the GPs in justifying their perception. The current outcomes of this study provide an important piece of the mosaic of evidence for the health policy makers to seriously taken managed care into consideration and action. It could be used to access the magnitude of managed care problems, including the populations, which are most vulnerable, the patients and the front liners, the physicians. Further study is essential to acknowledge the other area that relate to managed care implementation.

Acknowledgment

The author wished to express highest gratitude to Prof.Dr.Mohd Rizal b. Hj Abd. Manaf, thesis supervisor, as well as Dr.Azimatun Noor Aizuddin, the co-supervisor,for their guidance throughout the production of this paper. The authors have no conflict of interest throughout this study.

REFERENCES

[1] M. Deom, T. Agoritsas, P. A. Bovier and T. V. Perneger, "What doctors think about the impact of managed care tools on quality of care, costs, autonomy, and relations with patients," *BMC Health Services Research*, vol. 10, no. 1, pp. 331, 2010.

[2] K. L. Phua, "HMO and managed care in Malaysia: What can we anticipate from the experience of Singapore and the United States?," *Public Health Buletin*, vol. 6, no. S, pp. 167-75, 2000.

[3] Malaysian Medical Association, "Minutes of the 40th MMA Annual General General Meeting," Kuala Lumpur, 2000.

[4] CKAPS, "Managed care listing of organizations," Ministry of Health, 2011.

[5] A. H. Bin Abdul Kadir, "Managed care: Implications of managed care for health systems, Clinicians and Patients," Paper presented at the *2nd Annual Medico-Legal Conference*, 2000.

[6] R. H. Miller and H. S. Luft, "Managed care plan performance since 1980. A literature analysis," *Journal of the American Medical Association*, vol. 271, no. 19, pp. 1512-1519, 1994.

[7] J. R. Benfield, "The tyranny of managed care," *The Annals of Thoracic Surgery*, vol. 61, no. 1, pp. 6-7, 1996.
[8] Government Accounting Office, "Managed care initiatives (GAO/HEHS-96-153R)," Washington, U.S: Government Printing Office, 1996.
[9] R. Robinson and A. Steiner, Managed Health Care: US Evidence and Lessons for the National Health Service. Philadelphia, Pennsylvania: Open University Press, 1998.
[10] D. Woods, "*Meet Ms managed care*," *BMJ*, vol. 315, no. 7109, pp. 623-628, 1997.
[11] G. Farfield, D. Hunter, D. Mechanic and F. Rosleff, "Manage care–Origins, principles and evolution," *British Medical Journal*, vol. 314, pp. 1823-1826, 1997.
[12] E. Page, "Future governance and literature on policy transfer lesson drawing. Paper presented at *ESRC Future Governance Programme Seminar*, London, UK, January 28, 2000.
[13] D. Dolowitz and D. Marsh, "Who learns what from whom: a review of the policy transfer literature," *Political Studies*, vol. 44, no. 2, pp. 343-357, 1996.
[14] W. Teo, "Managed health care–the Singapore experience," Paper at the *Association of Private Hospitals Malaysia National Healthcare Conference*, 1998.
[15] A. L. Hillman, "Managing the physician: Rules versus incentives," *Health Affairs*, vol. 10, no. 4, pp. 138-146, 1991.
[16] G. J. Deckard. "Physician responses to a managed care environment: A perceptual paradox," *Healthcare Management Review*, vol. 20, no. 1, pp. 40-46, 1995.
[17] III, C. M. Barker, "Maximizing efficiency in the management of the physician practice: Survival under managed care," *Journal of Health Care Finance*, vol. 22, no. 4, pp. 22-28, 1996.
[18] Canadian Medical Association, "Physician resource questionnaire," 1998.[Online]. Available: http://www.cma.ca/
[19] W. T. Yin, W. H. Tym, W. C. Yin and Y. W. Mun, "Report on a survey on the concerns of young doctors in Singapore," SMA News, 11 Nov., p. 7. 1995. [Online]. Avaailable: http://goo.gl/70YDfi
[20] A. Mahmud, "Kajian keatas doktor-doktorSwasta di Kuala Lumpur dan Selangor: Faktor-faktor yang mempengaruhiperpindahandarisektorawamkesektorswasta," Master thesis, National University of Malaysia, Bangi, Malaysia, 2010.
[21] G. Marnoch and P. C. Lian, "Private medical practitioners and managed care in Malaysia: A survey of knowledge and attitude held by federal territory based doctors," *Social Science Medicine*, vol. 54, no. 6, pp. 869-77, 2002.
[22] National Healthcare Establishments and Workforce Statistics survey 2008-2009, Malaysia. [Online]. Available. http://goo.gl/yfzVgO
[23] R. Misra, A. Modawal and B. Panigrahi, "Asian-Indian physicians' experience with managed care organizations," *International Journal of Health Care Quality Assurance*, vol. 22, no. 6, pp. 582-599, 2009.
[24] R. Pillay, "Physician perception of managed care strategies, and impact of these on their clinical performance, in the South African private health sector," *Health Services Management Research*, vol. 21, pp. 1-13, 2006.
[25] R. A. Levine and A. Lieberson, "Physicians' perceptions of managed care," *The American Journal of Managed Care*, vol. 4, no. 2, pp. 171-180, 1998.
[26] E. Pena-Dolhun, K. Grumbach, K. Vranizan, D. Osmond and A. B. Bindman, "Unlocking specialists' attitudes toward primary care gatekeepers," *Journal of Family Practice*, vol. 50, no. 12, pp. 1032-1037, 2001.
[27] A. Dobalian and P. A. Rivers, "Ensuring quality and accountability in managed care," *Journal of Health and Human Services Administration*, vol. 21, no. 1, pp. 30-41, 1998.
[28] S. Felt-Lisk, "How HMOs structure primary care delivery," *Managed Care Quarterly*, vol. 4, no. 4, pp. 96-105, 1996.
[29] R. B. Sawyer, "General surgeons in the world of gatekeepers," *American Journal of Surgery*, vol. 170, no. 6, pp. 528-531, 1995.

— This article does not have any appendix. —