

FACTORS INFLUENCING SUPPORT FOR MEDICAL SAVING ACCOUNT (MSA) IMPLEMENTATION AMONG MALAYSIAN

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INTRODUCTION

- Currently, the Malaysian healthcare system consists of both a tax-funded and government-run universal services together with a rapidly progressing private sector.
- At the time, the Gross Domestic Product (GDP) spent on healthcare for the period of study fell between the ranges of 2.91% and 4.49%. Between the years 1997 and 2014, the overall spending per capita for healthcare ranged between RM642 (USD227) to RM1,625 (USD496) respectively.
- This rapid increase of expenditure needs to be addressed whereby new mechanisms should be introduced as supporting funds or to help contain healthcare costs.

MEDICAL SAVINGS ACCOUNT (MSA)

- MSAs are commonly categorised into two main components.
- First, a single or family savings account where regular medical costs are charged, and to which people with tax-exempt funds, employers, or government make contributions. Second, the contributions of a high-deductible insurance program to cover major medical expenses from the savings account (Jost, 2005).
- MSA's users will be greatly encouraged to seek the best quality of care with the best price from competitive healthcare providers once they are held accountable for the financial burden of health care consumption.
- Such schemes have been integrated into the public healthcare systems and are made available in some jurisdictions from insurance companies of countries like Singapore and China, and in US pilot simulation (Thomson & Mossialos, 2008).

METHODOLOGY

Study design and samples

- A cross-sectional study was conducted in September and October in the year 2016.
- Cluster sampling was employed to divide the population into separate regions which encompass four areas of interest in peninsular Malaysia, namely Penang (North region), Johor Baharu (South region), Kelantan (East region) and Klang Valley (West region) with 200 questionnaires distributed throughout each region.
- Self-administered questionnaires were conveniently distributed among communities in the selected areas. After screening and removing incomplete data, the valid questionnaires totaled at 787 out of the 800 distributed.

Measures

- The instrument was adapted from a previous study conducted by Yasmin (2013).
- The questionnaire divided into four sections: 1) Demographic profile 2) Socio-economic profile 3) Financial Status and 4) Support towards MSA implementation.

RESULTS AND DISCUSSIONS

- The demographic profiles of those who participated in the study displayed a greater representation of female respondents at 54.4% as opposed to male respondents at 53.7%.
- In terms of age, most of the respondents fall between the “20-39 years of age” category totaling at 75.4%.
- In addition, the majority of the respondents are “Malay” numbering at 87% while most of the respondents are ‘Single’ at 49.8%.
- However, regarding socio-economic profiles, most respondents finished “SPM” at 41.6% while most respondents’ occupation is “public sector” at 29.1%.
- Besides, a majority of the respondents’ income range is “RMI, 000 to RMI, 999” which is at 37.2%.
- The findings are clear regarding financial status whereby 90% of respondents have the money to treat minor illnesses.
- In addition, 94.7% of respondents have the means to treat serious illnesses in the family and that at 96.7%, no invalid has ever died due to the lack of money for treatment.

TABLE 1: ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC FACTORS AND SOCIO-ECONOMIC FACTORS WITH RESPONDENTS SUPPORT FOR MSA.

| Variables | Support for MSA (percentage) | Do not support for MSA (percentage) | Chi-Square | p-value |
|------------------------|------------------------------|-------------------------------------|------------|---------|
| Age | | | .005 | -.052 |
| ≤ 30 | 54.8 | 45.2 | | |
| >30 | 32 | 68 | | |
| Gender | | | .402 | .042* |
| Male | 73.5 | 26.5 | | |
| Female | 96.8 | 3.2 | | |
| Race | | | .035 | -.083 |
| Malay | 96.2 | 3.8 | | |
| Non-Malay | 90.0 | 10.0 | | |
| Marital Status | | | .115 | .003* |
| Single | 96.5 | 3.5 | | |
| Married | 94.1 | 5.9 | | |
| Education Level | | | .095 | .003* |
| Low | 91.1 | 8.9 | | |
| High | 96.3 | 3.7 | | |
| Occupation | | | .012 | .029* |
| Public Sector | 95.7 | 4.3 | | |
| Private Sector | 95.2 | 4.8 | | |
| Income | | | .065 | .133 |
| ≤4000 | 90.3 | 9.7 | | |
| >4000 | 88.3 | 11.7 | | |

Note: *p-value < 0.05

TABLE 2: ASSOCIATION BETWEEN FINANCIAL STATUS WITH RESPONDENTS SUPPORT FOR MSA.

| Variables | Support for MSA (percentage) | Do not support for MSA (percentage) | Chi-Square | p-value |
|----------------------------------|-------------------------------------|--|-------------------|----------------|
| Financial Status | | | .078 | .015* |
| Financial difficulties | 94.8 | 5.2 | | |
| No Financial difficulties | 95.3 | 4.7 | | |

Note: *p-value < 0.05

TABLE 3: LOGISTIC REGRESSION OF RESPONDENT'S SUPPORT TOWARDS MSA IMPLEMENTATION AMONG MALAYSIANS.

| | β | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I. for EXP(B) | |
|----------------------------------|---------|-------|--------|----|-------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Age ≤ 30 | -0.861 | 0.527 | 2.664 | 1 | 0.103 | 0.423 | 0.15 | 1.189 |
| Female | -1.486 | 0.448 | 10.999 | 1 | 0.001 | 0.226 | 0.094 | 0.544 |
| Malay | 0.229 | 0.534 | 0.184 | 1 | 0.668 | 1.258 | 0.441 | 3.584 |
| Single | 0.485 | 0.448 | 1.171 | 1 | 0.279 | 1.623 | 0.675 | 3.904 |
| Higher level of education | 0.407 | 0.447 | 0.83 | 1 | 0.362 | 1.503 | 0.625 | 3.611 |
| Public Sector | -1.451 | 0.504 | 8.298 | 1 | 0.004 | 0.234 | 0.087 | 0.629 |
| Lower Level of income | 0.495 | 0.582 | 0.725 | 1 | 0.394 | 1.641 | 0.525 | 5.132 |
| No Financial Difficulties | -0.224 | 0.413 | 0.294 | 1 | 0.587 | 0.799 | 0.356 | 1.795 |
| Constant | -0.357 | 0.78 | 0.21 | 1 | 0.647 | 0.7 | | |

Note: *p-value < 0.05

CONCLUSION

- In short, the advantages of MSA must be seriously deliberated in a view to bridge the gap between the current healthcare systems as well as revising the proposed scheme in efforts to develop a comprehensive complementary financial mechanism model.
- Based on the results shown in Table 3, it can be concluded that gender being female and occupation in the public sector, influences support for the implementation of MSA in Malaysia.
- Future studies are recommended to include exploring other factors such as quality of life and satisfaction with health care facilities that can significantly affect the support of the public for the implementation of MSA in Malaysia.

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